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ABSTRACT

These course outlines were prepared for project instructors involved in training foster parents. The courses are designed for a 24-hour discussion format. Each course outline provides a statement of general objectives, a list of specific goals to be achieved in the course, important points to be emphasized and suggested activities and reading materials for trainees and instructors. Useful multi-media materials are also listed. Course outlines deal with the following areas: the role of foster parenting and the problems of separation; the place of the natural family, the foster family, and the ideal (fantasy) family in the child's emotional development; fostering infants, preschool, school-age, and teenage children; guiding the sexual development of the foster child; fostering the mentally retarded, the physically handicapped, the emotionally disturbed, and the battered and abused child; handling lying, dishonesty, and disruptive behavior; communicating and working with professionals and natural families; helping foster, adoptive and biological children cope together as a family; and the role of the foster parents in assessing and planning for the child's physical, emotional, social, and cognitive development. An instructor's manual which discusses teaching philosophy and discussion techniques is also available. (CM)

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COURSE OUTLINES

Foster Parent Training Project

Revised
for
April, 1977

PS 010052

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INTRODUCTION

The following course outlines were prepared for use by project instructors in training foster parents. They were designed as a response to the concerns of foster parents, agency personnel, and child welfare professionals. Most of these courses have been taught several times and the products here are the result of the suggestions and comments of the instructors and the trainees. The project staff will continue to revise the course materials as classroom experience suggests improvements.

The courses were designed for a twenty hour format. Each is seen as an independent unit but most assume that the trainees are familiar with the ideas in the introductory course (101). The careful reader will notice that several themes are repeated in most courses. The instructor may find that materials in other courses are useful for the course he/she is teaching.

Each outline has five distinct parts. The use of each part is briefly discussed below. A few of the courses have additional materials included that may be useful. In all cases, these materials should be viewed as suggestions for the instructor. The success of any teacher is dependent upon his or her qualifications and abilities to present the materials in a way compatible with the interests and level of the group.

The materials are outlines and are meant to be used as the basis for discussion. For a complete statement of the project's teaching philosophy and suggested discussion techniques, see the "Introduction to Instructor's Manual."

Each outline starts with a statement of general objectives and a list of specific goals to be achieved in the course. Although the goals center around increasing the trainee's knowledge and skill level as foster parents, every course also includes some areas where many foster parents will find themselves reexamining some of their attitudes or basic values. In every case, the materials are designed to help the instructor assess where a particular group of trainees is and help them move. Movement toward course goals is to be viewed as success rather than the attainment of any particular level. By accepting the trainees and helping them grow, the instructor demonstrates the project philosophy that part of the foster parents' role is to accept each child and help that child move on to the next level of development.

The major material to be covered in each course is listed under important points. This material should emerge from class discussion rather than be given to the class by the instructor. It may not always be possible to cover each point fully in a given class, but the instructor will probably find that most points will come up many times in discussion.

The ordering of the points is not meant to imply either their importance or a suggested time sequence. The emphasis an instructor places on a particular point will depend upon his/her evaluation of the class's needs. The order of presentation is arranged by the instructor. Some instructors encourage the class to organize the materials and to determine the order of discussion.

The Suggested Activities are focused on techniques to encourage trainee participation. These activities may help them determine how they can immediately begin to apply some of the ideas generated in the class to their own situation. A fuller discussion of the techniques suggested is detailed in the "Introduction to the Instructor's Manual."

The suggested readings and materials have been divided into those readings that are 1) readily or cheaply available and written for the general adult population and 2) those materials that are written at a more technical level, presuppose a professional education, or are available through university libraries. Most instructors will find the readings helpful and many foster parents will request readings. The instructor should be sensitive to the reading ability of trainees and their heavy schedules. Although trainees may be encouraged to share their reading with the class, trainees should never be sanctioned for not reading.

The multi-media materials listed are those the project at Eastern can provide its own instructional staff. A more complete list of materials is forthcoming.

The project staff is thankful for the work and suggestions of everyone who has contributed to the preparation of these outlines. Although we cannot mention each one, we appreciate their efforts and enthusiasm. We would especially like to note the contribution of Martha Dickerson in "Fostering Children with Mental Retardation" and that of Joseph Findling in "Legal Aspects of Fostering." They are the designers of these courses. However, the project staff must take final responsibility for any flaws in the product.

FP 101 - Introduction to The Role of Foster Parenting
and the Problems of Separation

General Objectives:

1. Introduce, or clarify for the experienced foster parent, the role of the foster parent.

2. To help foster parents (a) understand the meaning of separation of children, (b) understand the behavior problems and other consequences that may develop as a result of separation (c) develop skills in interpreting the meaning of separation to children so as to reduce the associated trauma of the experience, (d) and develop techniques to help children who are acting out because of separation.

Specific Goals:

Role clarification:

1. To clarify and increase the awareness of foster parents as to the importance of their jobs.

2. To clarify the duties and responsibilities of foster families in providing substitute family care for children.

3. To explore the limitations of the foster parent role in working with foster children.

4. To increase the awareness of foster parents as to the obligations of the agency to the child and his family.

5. To clarify the types of support that the agency and worker are to provide the foster child and the foster family.

6. To explore the obligation of the community to provide services for foster children and the foster family's role in securing these services.

Understanding separation trauma:

1. To develop sensitivity in recognizing and identifying symptoms of separation trauma.

2. To increase the understanding of the types of reactions that children have to separation.

3. To increase skills in reducing the impact of separation.

4. To develop techniques to deal with the behavior of children who are suffering separation.

5. To recognize the role of the natural parents in the child's life.

6. To develop adequate skills in helping the child come to grips with his feelings toward the natural parents.

7. To recognize the ambivalence of the child as he develops feelings of attachment for his foster family.

8. To develop the skills to prepare the child for separation from the foster family.

9. To recognize the ambivalence the foster family feels as they prepare the child to move to another home.

Important points to be emphasized:

1. Foster parenting is a job, providing direct service to children.

2. Foster parents provide more than custodial care; they also provide emotional support, help the child to feel worthwhile, and help him move to the next developmental stage.

3. Foster parents are not natural parents. There are limitations on the decisions they can make for the child.

4. Foster parents must learn to give up foster children. This is done most easily when they recognize what they have given the child.

5. Foster parents work with a lot of children for a short amount of time.

6. Foster parents can hold agency and community accountable.

7. Agency and workers are limited by state law and courts.

8. In most cases, natural parents retain rights to parent the child and in all cases they constitute an important part of his past.

9. Fostering is a total foster family commitment.

10. Foster parents are part of a team that shares information to assure appropriate service to the child.

11. Foster parents are the immediate people to protect the rights of the child in terms of his right to family life, his right to positive feelings about himself and his natural family, his right to expect his affairs to be treated confidentially, and his right to services.

12. All foster children have experienced separation.

13. The five stages of separation are:

    a. shock

    b. protest, denial

    c. anger

    d. despair, depression

    e. detachment or acceptance

14. Many, if not most, foster children blame themselves for the separation.

15. Passive or withdrawn behavior may be as symptomatic of trauma as acting out.

16. Although behavior must sometimes be controlled, reduction of trauma is the long range goal.

17. Foster parents must recognize and work with natural parents for the best interests of the child.

18. Foster parents must remember the child is with them temporarily and will leave them.

19. Part of the duties of foster parents is to prepare the child to leave them.

20. The foster parent should develop a specific plan for helping the child the first day.

21. The child who must choose to spend holidays or vacations with his natural family or the foster family is caught between wanting both and feeling that either way he will miss something.

SUGGESTED ACTIVITIES

1. Class or small group discussion on one or more topics from A below followed by similar discussions around one or more topics from B .

   A. What should a foster parent do if

   ... the worker refuses to answer telephone calls from the foster parents.

   ... refuses to remove a foster child from the home when requested to do so by the foster parents.

   ... fails to process payments for the foster child's board, clothing or medical expenses.

   ... will not share with the foster parent information about the foster child.

   ... removes a foster child from the home without explanation or warning.

   B. What should a worker do if a foster parent

   ... refuses to take a child to medical appointments.

   ... refuses to let natural parents visit in home.

   ... uses physical discipline

   ... uses money from the foster child's bank account.

   ... spends foster care payments for new living room furniture.

2. Thinking about what it was (or would be) like to

   ... lose a loved one.

   ... find yourself among strangers in a foreign country.

   ... visit your child who was in foster care in someone else's home.

   ... being lost as a child.

3. Listing on blackboard the needs of a child under various headings.

4. Devising specific plans for a child

   ... for the first day in your home.

   ... preparing him (her) to leave.

   ... discussing why his mommy didn't come when she said she would.

5. List for each person responsible for the well-being of the foster child (foster parent, worker, natural parent) the particular duties, responsibilities, and rights connected with that position.

I. For Trainees

Casebook, Foster Parent Training Project, Ypsilanti, Michigan 1975.

State of Michigan Department of Social Services, Public Act. No. 116 of The Public Acts of 1973.

State of Michigan Department of Social Services, Rules for Licensing Foster Family Houses and Foster Family Group Homes, 1975.

State of Michigan, Department of Social Services, Foster Parent Handbook.

Almeda R. Jolowicz, "The Hidden Parent", Federal Security Agency, Social Security Administration, Children's Bureau.

Ner Littner "The Importance of The Natural Parents to the Child in Placement" Dept. of HEW, Bureau of Child Development

Phyllis Johnson McAdams, "Parent in The Shadows" Child Welfare, Vol. LI, No.1, January, 1972.

II. For Instructors

Charnley, Jean, The Art of Child Placement, Minneapolis: The University of Minneapolis Press, 1955

Costin, Lila B., Child Welfare

"Developing the Conviction In the Foster Child that He is Worthwhile," (pp. 16-28) from Foster Care in Question, C.W.L.A. Publications

Elkind, David & Hansber, Herbert J., "The Anatomy of Melancholy," Social Review, Sept. 30, 1972

Fanshel, David, "Specializations with the Foster Parent Role", Child Welfare,

Godanken, Marcia T., "Foster Parent and Social Worker Roles Based on Dynamics of Foster Parenting," On Fostering, Child Welfare League of America, N.Y., 1972

Josselyn, Irene, "Evaluating Motives of Foster Parents," Child Welfare League of America, Feb. 1952, pp. 3-8

Kadushin, Alfred, Child Welfare Services: A Sourcebook, Macmillan Company, N.Y. 1963

Littner, Ner, M.D., The Strains and Stresses on the Child Welfare Worker, Child Welfare League of America, N.Y., 1976

Littner, Ner, Some Traumatic Effects of Separation and Placement, Child Welfare League, Inc.

Moss, Sidney, Z., "How Children Feel About Being Placed Away from Home," Children, XII (July 1966, 153-57)

McAdams, Phyllis, "The Parent in the Shadows," On Fostering, Child Welfare League of America, N.Y., 1972

"Participation of Foster Parents in Decision Making: The Concept of Collegiality," On Fostering, Child Welfare League of America, N.Y., 1972

Wolins, Martin, Selecting Foster Parents: The Ideal and the Reality, Columbia Press, N.Y. 1963

Wolins, Martin & Piliavin, Irving, Institutions or Foster Family: A Century Debate, Child Welfare League of America, N.Y. 1964

III. Multi-Media

Videotapes:

Faye Harrison Video-tape on the Legal Aspects of Fostering

Wayne State University Video Tapes; prepared by Marion Reavy, School of Social Work, 1975

1. "Foster Parents' Attitudes toward Natural Parents"
2. "What Foster Parents and Natural Parents Talk About:
3. "Foster Parents' Behavior Toward Natural Parents"
4. "Role Playing: Foster/Natural Parents Conversation"
5. "How Foster Parents Overcome Negative Feelings"

Foster Families, "The Impact of Persons Who Care". EMU

Films:

"John: 17 months: Nine Days in a Residential Nursery"; U of M, Audio Visual

FP 202 THE THREE FAMILIES* OF THE FOSTER CHILD AND THEIR PLACE IN HIS EMOTIONAL DEVELOPMENT

Objectives:

1. To provide an overview of the normal emotional development of children with the perspective that life experience of foster children may cause developmental lag, or exaggeration of normal behaviors.

2. To promote understanding of the foster child's special conflice engendering situation, of having a natural family, a foster family and an ideal (or fantasy) family.

Specific Goals:

1. To understand the typical emotional developmental stages of children.

2. To recognize that foster children may take longer to move from one stage to another.

3. To develop skills in differentiating behavior that is typical at a certain stage of development from that which is indicative of the need for professional help.

4. To develop skills in coping with disruptive behavior.

5. To develop skills in helping a child move onto the next stage in the developmental sequence.

6. To recognize that each foster child has positive and negative feelings for his natural family and his foster family and that these feelings must be understood if skills are to be developed to help the foster child achieve some measure of personal satisfaction.

7. To develop skills in helping the child resolve his conflicting feelings toward his families and develop his own feelings of self-worth, independent of his family's shortcomings.

8. To increase understanding of why the foster child idealizes his natural family and to develop techniques to assure that the conflict between reality and idealism produces growth.

Important Points:

1. Each human being moves through several stages of development (see Whipple, et al).

2. Through the universality and sequence of the stages are unalterable, individuals differ as to where they are at a given age, the length of time they spend at a given stage, and how far they progress.

* Defined as the natural family, the foster family and ideal (or fantasy) family by Mary Peistroffer, of the University of Wisconsin, Milwaukee.

3. The various developmental dimensions: cognitive, emotional, social and value, are interrelated.

4. Because of their life experiences, foster children are usually a little behind other children in the developmental sequence.

5. Part of the foster parent's job responsibility is to assess where the child is at in the developmental sequence and help him move to the next stage.

6. Many behaviors (e.g., lying, bedwetting, destructiveness, etc.) are not unusual but become symptomatic of disturbance when they are severe or exaggerated.

7. The foster parent must be able to look at the child's behavior in terms of what it means to the foster parent and recognize that these behaviors are disturbing because they violate strongly held values.

8. The child who exhibits these behaviors is often frightened or ashamed by his own behavior and may need reassurance that although we don't like his behavior, he will learn to control it and that, in the meantime, we will help him.

9. Some behaviors become less disturbing if we can reduce the work involved, provide alternatives, or recognize that they are not necessarily the beginning of life long bad habits.

10. There are specific things that we can say to a child to help him move to a new level of development.

11. Failure of the child to alter his behavior or to move on to the next stage of development is not indicative of failure on the part of the foster parent.

12. All foster children have three families: their natural family, their foster family and their ideal family

13. Even if the child has had little contact with his family, they are still an important part of his identity.

14. Most children develop fantasies including fantasies about ideal parents who will rescue them when they feel their own families have been unfair.

15. The ideal family and other fantasies can play a more crucial role in the foster child's fantasy life than in that of other children.

16. The foster child does not need to dislike himself or his natural parents, rather he must be assured as he comes to recognize their problems that they are not a reflection upon him - that they are not his fault and that he is not less worthwhile because of his family's inability to cope with life's daily problems.

17. Whenever possible, you can find positive qualities in the natural family for the child to identify with. (e.g., You have beautiful hands like your mother. Your father is very strong.) But you must be able to discern whether or not such an attempt will have positive or negative results.

18. The foster family cannot speak for the natural family. The foster parents can say "I love you" but cannot really say "Your mother loves you." Rather she can tell the child the inability of the natural family to provide him with a home does not mean they do not love him or that saying "I love you," is not the only way of demonstrating love.

19. It is part of the job responsibility of the foster parent in cooperation with the worker to develop reasonable rules around visiting with the natural parents to assure that the child has maximum contact with the natural family but that the visits are minimally disruptive.

20. Although visits with the natural family may precipitate crises, these crises may sometimes be growth producing for the child and the natural parents.

21. The foster child can be helped to understand that he is a worthwhile person - worthy of the love of his foster family and many others who are concerned with him.

22. The foster family should develop specific techniques to discuss with a child of any age his move to a new home. These should include the following:

    a. They are concerned about the child (love him, if that is true)

    b. They recognize his ambivalence about leaving home.

    c. They are confident (or hopeful) that the move is in his best interest and that even though he may feel some unhappiness, he will be able to work it out.

    d. Any details of what his new life will be like of which they are aware (e.g., the school that he will attend, his new bedroom, taking the train with the worker, etc.)

SUGGESTED ACTIVITIES

Recall:

1. Ask foster parents to recall their feelings and experience of the following common situations in their childhood:

   a. Spending the night away from home -- the first time. Waking up in a strange room.

   b. Spending the night away from home and worrying about wetting the bed.

   c. Wondering if you were "adopted."

   d. Getting lost -- and being found.

   e. Deciding your friends' parents (or your aunt and uncle) were "nicer" than your own parents and wondering what it would be like to live with them.

   f. The first time you heard about death.

   g. Being punished for misbehavior

   h. Having a tantrum or being angry with parents.

Discussion:

2. Ideal or Fantasy Families:

   a. Do foster parents now have any "heroes" or "heroines"?

   b. If not yourself, what person would you most like to be like now?

   c. Who were childhood heroes or idols?

   d. Did foster parents ever have fantasies about being, or meeting those heros and idols?

   e. Who would be the "ideal" parents to raise the foster parents children if the foster parents died?

   f. Did any foster parent "lose" a parent from death, divorce or separation? Did that "lost" parent become idealized? Why?

3. Ask each foster parent to write down ten good things about the natural families of their foster children. Discussion question: How many of these positives have foster parents mentioned to the foster children. Why or why not?

Projects to do at Home:

1. Make a "family tree" for the foster child, with help of natural parents and foster children, showing grandparents, aunts, uncles, etc. Indicate on family tree positive attributes child can identify with (Father is tall, Uncle Joe has red hair too, Grandfather was a farmer, etc.).

2. Start a scrapbook for the foster child, with pictures of his natural family, foster family, etc.

Roleplay: Selected materials from Casebook

SUGGESTED READINGS & MATERIALS

I. For Trainees

Enuresis. Foster Parent Training Project, Ypsilanti, Mich.: Foster Parent Training Project, 1975.

Chart on Stages of Emotional Development. Foster Parent Training Project. Ypsilanti, Mich.: Foster Parent Training Project, 1975.

Jollowicz, Almeda R. "The Hidden Parent". Children's Bureau, Federal Security Administration.

McAdams, Phyllis Johnson. "Parent in the Shadows". Child Welfare. Vol. 51, #1 (January 1972) pp 51-55.

Rex, Elizabeth. "A Letter to a Foster Child." Children Today. (May-June, 1973) p. 11

"Introduction". Third Annual Michigan Foster Parent Association Educational Conference Summary. Ypsilanti, Mich.: Foster Parent Training Project, 1975.

II. For Instructors

Bowlby, John. Attachment and Loss. New York: Basic Books, Inc., 1973.

Bowlby, John. Separation Anxiety: A Critical Review of the Literature. New York: Child Welfare League of America, 1962.

Ericksen's Developmental Stages. Foster Parent Training Project. Ypsilanti, Mich: Foster Parent Training Project, 1976.

Littner, Ner. "The Child's Need to Repeat His Past." Some Traumatic Effects of Separation & Placement. New York: Child Welfare League, Inc., 1976.

Fanshel, David. "Parental Visiting of Children in Foster Care: Key to Discharge?" Social Service Review. (December 1975)

Moss, Sidney Z.. "How Children Feel About Being Placed Away From Home." Children. Vo. 13, #4. (August 1966) pp 153-157.

Whipple, Hugh. et al. Professionalizing Child and Youth Care. Michigan Association of Children's Agencies, 1974.

III. Multi-Media

Parents Magazine Filmstrips:

Development of Feelings in Children, Death, The Child's Point of View, Death and Separation.

Reistroffer, Mary. "The Three Families of the Foster Child". Tape Cassette. Child Welfare League of America.

Reistroffer, Mary. "Is Pain Part of the Healing Process?" Tape Cassette. Child Welfare League of America.

FP 203 FOSTERING INFANTS

General Objectives:

To help foster parents:

1) understand that attachment (emotional security) of the infant is essential for physical development and learning.

2) understand that even infants experience the impact of separation.

3) know the patterns of physical, emotional and intellectual development in infancy.

4) realize that each infant is unique, and may require special handling, or cause differing reactions in the caregiver.

5) be aware of the infant's effect on the entire family, and the ways that each family member can contribute to the baby's growth.

6) acquire specific skills for handling infants with special needs or problems.

Specific Goals:

1) To learn how to recognize and build attachment behaviors between themselves and their infants.

2) To recognize and deal with signs of depression or separation trauma in infants.

3) To understand the cognitive and affective base of normal "eight month stranger anxiety" and be able to better handle its impact upon parental visitation or preparation for adoptive placement.

4) To assess how to make their homes even safer and more stimulating environments in which an infant can learn through exploration, physical and visual.

5) To acquire a repertoire of games, toys and interactions which will stimulate speech, physical coordination and learning in infants.

6) To realize that infants learn through many sensory modalities, and can stimulate taste, touch, hearing vision.

7) To recognize the developmental signs an infant gives of readiness for weaning and toilet training and proceed with these tasks at the child's pace.

8) To feel more confident in assessing when to ask for outside professional assistance (particularly medical) regarding the infants in their care.

9) To encourage foster fathers, and children in the family to share in the care of the infant in order to increase enjoyment by the family, and the infant's ability to relate to others.

Important Points:

1) Infants need attachment with one consistent caregiving ("mothering") figure.

2) Without attachment, infants fail to thrive physically, or to develop intellectually.

3) Signs of attachment are gazing, smiling, clinging, following (physically or visually), greeting behaviors, cuddling or "molding" when held.

4) Parents teach infants to become attached by holding them close, seeking eye contact, talking etc.

5) Infants can control or reject the building of attachment by fussing, averting their eyes, stiffening, or by responding appropriately.

6) Attachment begins in the first hours of life., Foster infants must learn, and be taught to become attached. If an infant is not responsive, the foster mother can devote extra time to teaching the infant to relax and respond.

7) Infants who have been removed from a natural mother, or who arrive in foster care directly from the hospital, may be affected by lack of attachment/separation and be mildly depressed. Signs of depression in infants are passivity, unresponsiveness, sleeping and eating problems, not crying to get their needs met. Passive babies can seem like "good" babies, and not get their needs met.

8) An infant who is securely "attached" to a foster mother has the best chance of being able to trust and relate to a new home (adoptive or natural).

9) Stranger anxiety is decreased when the familiar person is present.

10) A 6-10 month infant who reacts negatively to a natural parent or potential adoptive parent is probably experiencing a normal developmental phase.

11) If the infant has learned to relate to other members of the foster family as well as mother, it will be easier for the infant to relate to a "new" mother and family.

12) Quiet, average, and active babies respond to different handling. Quiet babies often need stimulation and encouragement. Active babies may need soothing, holding, swaddling.

13) Infants learn speech from adults (mother talking)

14) Infants can learn from watching or playing with older children but do not develop speech from contact with children.

15) One good way to help an infant develop speech is for the adult (usually mother) to imitate and repeat back the sounds that baby makes. "Baby Talk" can be O.K. for parents.

16) Even newborn babies can learn by seeing, hearing and feeling. One of the first steps of learning occurs when baby associates sight with sound, turning his head to see what is making the sound. This demonstrates how early in life babies are ready to learn.

17) Babies learn by imitating those around them. (Adults and children).

18) Babies learn by playing games and using toys.

19) Babies can be rewarded for their learning with smiles, words and hugs.

20) Babies learn through different senses. A blind baby can learn by hearing and touching, tasting and smelling. A deaf baby can learn by seeing and touching.

21) Foster parents often worry about the babies in their care because the babies seem so helpless, can't tell the parents what is wrong.

22) To cut down on the amount of worry, foster parents need guidelines about when to call the doctor or worker if a baby seems ill. "Baby-proofing" a home also cuts down on worry, as does knowing at what age a baby is capable of rolling off a bed, or jumping out of a high chair.

23) Baby equipment must be selected on the basis of safety and comfort for the child as well as convenience.

24) Some areas of concern for discussion are:

a) colic
b) schedule vs demand
c) spoiling
d) addiction

SUGGESTED ACTIVITIES

I PHYSICAL CARE: Invite public health nurse or pediatrician to serve as resource person.

Using Spock and Dr. Turtle's Babies, ask group to develop guidelines on "when to call the doctor", then check them out with agency policy.

II EQUIPMENT: Toy and crib safety is a good place for foster parents to start at.

III ATTACHMENT: Discussion--how do foster parents feel when they are with someone they love? How do they know that a person cares? How do they ask to be listened to, fed, held? What happens when foster parents are separated from someone they love? What happens when foster parents are alone or without loved ones for a length of time? What about babies who have no words with which to communicate their feelings? What are the ways we all ask for love without words? Do adults and babies ask the same ways?

Film--Rock-a-bye Baby

IV COGNITIVE DEVELOPMENT: Discussion--how have we as adults learned? What has been the most fun or enjoyable way to learn?

Film--How Babies Learn

Using Gordon (Baby Learning Through Baby Play) or Segal (From Birth to One Year) --

Discuss ways members are already teaching their infants.
Pick out toys to make or new games to learn.
Have a baby play party or invite one infant to demonstrate new toys and games.
Have members "scrounge" and bring in a variety of materials--spend one session making toys.

Demonstration of learning through sensory modalities.

Blindfold a volunteer--ask her to identify some of the following; touch--feather, cotton puff, velvet; smell--vanilla, soap, etc.; hearing--different voices, or sound of items dropping. And so forth.

FOR INSTRUCTORS USE

INFANT MENTAL HEALTH

Infant behaviors which indicate attachment to the mother

Differential responsiveness to the mother

1. Differential crying (seen at 8-12 weeks of age) - The baby cries when being held by a person other than the mother and stops crying when being held by the mother.

2. Differential smiling (seen at 32 weeks) - The baby smiles more readily and more frequently at the mother than at other people.

3. Differential vocalization (may begin at 20 weeks) - The baby vocalizes more readily and more frequently to mother than to others.

Concern for mother's whereabouts

4. Visual-motor orientation towards the mother (may begin at 18 weeks) - The baby looks at the mother even when she is not near him.

5. Crying when the mother leaves the room (common at 25 weeks)

6. Following (seen as soon as the child can crawl) - The baby tries to stay near the mother by following her.

Exploration and the mother

7. Exploration from a secure base (seen regularly at 33 weeks) - The baby will explore a space if the mother is present, but will not explore if she is gone.

8. Clinging (occurs at 40 weeks) - The baby becomes frightened of strangers. When he sees a stranger he may cling to his mother

Greeting behaviors

9. Lifting arms in greeting (may begin at 21 weeks)

10. Clapping hands in greeting (may begin at 32 weeks)

FOR INSTRUCTOR USE

SIGNS OF DISTURBANCE IN INFANT DEVELOPMENT*

At age six weeks: (through six months)

Physiological Functions

tremor, limb or chin

flaccidity

hypertonicity

colic

[redacted]

Vital Functions

irregular sucking

chronic vomiting, gagging or spitting

refusal to swallow

poor appetite

sleep fitful, restless

excessive wakefulness during day

difficulty falling asleep, needs special comfort

Sensory Responsiveness

sensitivity to sensory stimuli, (irritability, jerking, startling in sleep)

marked delay of response to stimuli

low frustration tolerance (wet diapers)

Affective Reactions

irritability

angry screaming

sudden vehement crying, panic

facial expression sad or unchangingly sober

* (this is a summary of a comprehensive listing found in the following reference) Brody, Sylvia, and Axelrad, Sidney, Anxiety and Ego Formation in Infancy, New York: International Universities Press, 1970 pp. 157-226.

Object Relations

reaction to handling (fussing)

poor accomodation to holding (stiffening, arching)

refusal to be fed by mother

withdrawal from mother

Characteristic States of Behavior

generally inactive and unresponsive (social, vocal, or motor)

chronic irritability on waking

smiling--none or rare

apathy

in a state of discomfort that is hard to relieve

hyperactivity

SIX MONTHS THROUGH ONE YEAR

Any of the above signs, plus the following:

Negativistic States (when apparent to a marked degree)

resistance to weaning

resistance to being changed, dressed

resistance to routines

resistance to being pulled to a sitting position

Habits

dependence on pacifier

biting

prolonged screaming

blanket holding, sucking or rubbing

breath holding

tonguing

spitting food

Habits (continued)

limb banging

nose wrinkling or picking

rubbing of nose, ears, hair or blanket

Stereotypic Movements

head shaking, rolling

body rocking, rolling

head banging

turning, slapping or drumming of hands

teeth grinding

Cognition

poor concentration, short attention span

poor or low interest in exploring the environment

AGE ONE YEAR

(All of the above plus the following)

Strange Means of Ambulation

hopping on buttocks

rolling

on all fours with knees locked

crablike sideways movement

going in circles

Self Destructive Behavior

Pica

making self gag

slapping, pulling, scratching, biting, bumping or hitting self

Habits

smearing or eating feces

persistant digging of fingers into objects (mattress, doll's eyes) as principal occupation

Habits (continued)

excessive mouthing of objects (not connected with teething)

thumb sucking, finger or fist sucking or chewing (not connected with teething)

Stereotypic Behaviors

banging or thrusting of head, limbs, back or abdomen

Fears

separation anxiety (including need for direct physical contact with mother)

stranger anxiety, with withdrawal or crying reaction

fear of familiar object with some change (person looks different with glasses or haircurlers)

strange places

animals

fears of bath, sudden movements, toys, etc.

SUGGESTED MATERIALS AND READINGS

I FOR TRAINEES

Brazelton, T. Berry Infants and Mothers, Delacorte, New York 1969. Emphasizes uniqueness of individual infants follows development of quiet, average and active babies through first year of life. Shows how to respond to an active infant's need for soothing, or a quiet infant's need for stimulation, with many suggestions for handling and playing.

Chess, Thomas and Birch Your Child is a Person. Parallax Publishing Company, New York, 1965. Discusses individual differences in both parents and infants--what happens when an active parent gets a quiet baby, or vice versa.

Gordon, Ira Baby Learning through Baby Play St. Martins Press, New York, 1970.

Segal, Marilyn From Birth to One Year: Play and Learn Program . Nova University, Ft. Lauderdale, Florida, 1974. Month of growth for each, lists easy to make toys to stimulate child's development in each of the sensory modalities.

Spock, Benjamin Baby and Child Care.

Turtle, William J. Saunders Dr. Turtle's Babies. Philadelphia, 1973. Emphasizes parents as responsible teachers, with advice on when to call the doctor, how to prevent accidents through child proofing the home, use of safety equipment.

II FOR INSTRUCTORS

Bowlby, John Attachment. Basic Books, New York, 1969.

Bowlby, John Separation. Basic Books, New York 1973.

Brody and Axelrad, Anxiety and Ego Formation in Infancy

Heinriche, Christophe and Westheimer, Ilse, Brief Separations. International Press, New York, 1965. Lists depressive reactions in infants under 1. From Travistock group.

Haring, Richard Crib Death. Hicksville, New York, Exposition Press, 1975.

Rosenblum and Lewis (editors) The Effect of the Infant on its Caregiver Wiley Interscience, New York, 1974.

III MULTIMEDIA

Films

"How Babies Learn" EMU audio-visual

"Rockabye Baby"

"A Blind Child and A Sighted Child: Development During First Year of Life"

"Infancy", EMU (film)

FP 204 - Fostering the Pre-School Age Child: The Meaning of Play

General Objectives:

1. To review with foster parents the impact of separation on this vulnerable age group.

2. To acquaint foster parents with the developmental tasks of the three to five year old child so that foster parents can structure the home environment and use community resources in a manner which will meet the pre-schooler's developmental needs.

3. To emphasize to foster parents the importance of play in the preschooler's development.

Specific Goals:

1. To realize that the pre-schooler's time sense, inability to wait for gratification, and language development level, combine to make the pre-schooler especially vulnerable to separation trauma.

2. To realize that play can be used as a valuable tool for aiding the pre-schooler in dealing with the impact of separation.,

3. To be aware of the basic developmental tasks in the physical, emotional, social, cognitive and moral growth of the pre-schooler.

4. To understand play as the work of the pre-schooler.

5. To discuss resources available in the community which can aid or enhance the pre-schooler's development.

6. To consider ways in which they can structure their home environment or adapt routines so as to best provide a climate for growth for their pre-schoolers.

Important Points:

1. Pre-schoolers have a very different time sense than adults or older children. They cannot understand, or are only beginning to learn the difference between an hour, a week, a month, a year. To tell a pre-schooler that he will see his mother next week, might just as well be telling him that he will see his mother in ten years.

2. Pre-schoolers can be helped to understand time by counting the days on the calender, thinking of a week as being seven days when he gets up for breakfast; but generally they cannot really understand the time aspect of a natural parent's absence, despite our best efforts. Helping the child to understand time to the best of his ability can help with the mastery of separation.

3. As pre-schoolers have difficulty understanding time, and as generally their feelings are close to the surface, it is understandable that they will demand to "see Mommy right now" and be angry and frustrated with the foster parents when they are told they must wait.

4. Pre-schoolers are moving from the point where they see themselves as the center of the world to the point where they seem themselves as a part of the world. They believe that thinking things can cause the things to happen. Thus they are especially vulnerable to feeling that they caused the separation, and on the other hand to believing that wishing can make mommy return.

5. Preschoolers generally do not have sufficient development of language to be able to express in words the complicated fears and feelings caused by separation. The frequently repeated question "When is Mommy coming back?" is not so much a request for information as it is the child's only way to verbalize his fears and feelings.

6. Play is one of the most valuable tools a preschooler can use to master separation. In "peek-a-boo" the younger child learns that while the other person disappears from sight, he is not <u>really</u> gone. Using dolls, puppets, or stuffed animals to play out disappearances and returns, will not only help the preschooler to express his feelings, it will also provide an opportunity to master his fears. Similarly, "games" where the child packs his suitcase, or goes back and forth through doors may also be ways the child chooses to work through separation.

7. The physical developmental task of the pre-schooler is to move from the basic large motor skills (walking, running, climbing) to the development of small motor skills which require fine coordination (stringing beads, tying shoelaces).

8. The basic emotional tasks of the pre-schooler are learning to separate fantasy from reality, identifying with the same sex parent as a model to be like, and acquiring the self esteem which comes from mastering or using objects in a purposeful way.

9. The basic social developmental tasks of the preschooler are to learn to interact with other children and to accept adults other than parents.

10. The basic intellectual tasks of the pre-schooler are to learn basic concepts such as sameness/difference, shapes, colors, and to begin to understand time.

11. The basic moral development tasks of the pre-schooler are to understand the need for rules, develop empathy for others (he is no longer "center of the universe") and to begin to develop a "conscience" about observing rules when adults are not around.

12. Play is the"work" of the pre-schooler. Through play he can:
    a. develop ideas about the world around him
    b. learn about feelings
    c. express feelings
    d. learn to relate to other people
    e. develop large motor skills
    f. develop small motor skills
    g. use and appreciate his senses
    h. learn basic concepts (colors and shapes)
    i. learn the meaning of rules

13. Watching a child's play is one of the best ways to discover and assess how he is accomplishing his developmental tasks, and what his needs are.

14. In order to accomplish these tasks through play, the child's schedule and environment should provide space and time for:
    a. outdoor play
    b. free play with other children
    c. games with other children
    d. working with play materials
    e. opportunity to do whatever he wants, even to sit and daydream

15. Toys and other materials help the child play. They are the tools of his work. They need not be elaborate and expensive. Often the best "toys" are inexpensive items found around the house.

16. The child should have a place to keep his toys that is easily accessible to him. Making it easy to put toys away makes it easy to teach the child to clean up and keep toys from being lost or broken. Coffee cans, boxes, etc., organize toys so that all the pieces of a game are kept together, and are easily stored.

17. Play should be contained within specific rules that are as simple as possible. Infractions of the rules mean that there is to be no more of that kind of play for a short period of time. The child should be specifically told: "You rode your bike down the driveway. When you ride a bike in the street you can get hurt. You may not ride your bike any more today. When you learn not to ride your bike down the driveway, I won't have to take it away from you."

18. Some considerations in establishing rules are:
    a. Where? Paint only at the kitchen table. No ballplaying in the house.
    b. Safety and Supervision? You go to the park only with Mommy or Daddy. You play with the tools only with Daddy here. No ropes around necks.
    c. When? No playing outside after dark. No blocks after dinner.
    d. Ownership? The doll dishes are for every one. The doll is yours.
    e. Clean-up? You may paint now, but you must put your paints away before dinner.

19. When a child expresses anti-social tendencies in his play, usually this should be acceptable and permissible to foster parents, as being a legitimate way to express feelings. It is better for a child to punch his teddy bear in play than to actually punch baby brother, just as it is preferable for a child to knock over his block building rather than being destructive to furniture.

20. It is normal for pre-school children to have problems about ownership, sharing and borrowing without asking. It is usually easier for a child to share if he is secure about control over his own belongings. Children cannot learn to share until they first have a sense of what is theirs. No one should be forced to share; sharing is fun and establishes reciprocity. Foster families need to be especially careful that foster children have their fair share, and know what they can take with them, or what is theirs only for the time with the family.

21. A favorite form of play is telling stories. Through hearing and telling stories, preschoolers develop intellectual and speech skills. Stories are just that -- "stories" or fantasy. There is no need to be concerned when a child's story deviates from reality. A pre-schooler is likely to invent

an imaginary playmate just for the fun of it. Gently reminding the pre-schooler that his story is "pretend" is all that is ever necessary, as his storytelling is part of the task of separating fact from fantasy.

22. Nursery school and neighborhood play groups provide the pre-schooler with great opportunity for development through play. Although private nursery schools can be expensive, they sometimes have "scholarships". Co-operative nursery schools can be inexpensive if the foster mother is willing to take a turn. Head Start and Pre-School programs are often available through local schools or the Intermediate School District. Some Foster Parent Associations have daytime "Coffee and Play" meetings for foster mothers and their pre-schoolers. It is not as important which kind of group experience a pre-schooler has, but that he have some opportunity to play with his agemates.

23. Psychological testing and school readiness evaluation are available to all pre-schoolers, upon request or referral, through Intermediate School Districts.

24. Trips to the zoo, a farm, the fire station are a good way for the pre-schoolers to learn more about their world. Every community has places of interest where children would be welcome.

25. The world of the pre-schooler's play is an exciting and magical place. Adults who are privileged to be invited to join in the play find it an experience of delight and discovery. Although foster parents are busy caring for their foster children, they also deserve the right to enjoy themselves by sharing in their chidlren's play.

26. Handling routine crisis situations (eating, bed time, etc.) may be much easier and more pleasant for both foster parent and child if they can become play situations. (Tie-dying underwear to make pajamas).

SUGGESTED ACTIVITIES

1. Using dolls, stuffed animals or puppets, foster parents can role play the way in which a child uses play to work out separation issues.

2. Foster parents can "brainstorm" uses of inexpensive materials and items found around the house, as toys for their foster children. Check against attached list. Add new ideas to the list.

3. Foster parents can compile a guide to community resources for the pre-schooler, to be shared by class members, or passed on through the Foster Parent Association.

4. Each foster parent can recall, and share with the group, one memory of play or toys as a preschooler.

5. Each foster parent can share with the group one fantasy he had as a pre-schooler.

Check List of Inexpensive Things to Make or Collect

Old clothes: hats, scarves, jewelry, belts, boots and shoes, purses, halloween costumes, nightgowns.

Art: homemade clay, cardboard, paper bags, boxes, tin foil, egg cartons, cottage cheese containers, etc., string, popsicle sticks, pipe cleaners, crayons, dull scissors, magazines, roll of shelf paper, homemade easel, dried peas and beans, food coloring.

Tools: working on grown up tools with proper supervision is usually more satisfying than children's tools that don't work.

Doll furniture: Almost anything can be made from boxes, from doll houses to doll beds. Clothes can be made from material scraps without much sewing and tin foil dishes and plastic silverware for homemade doll dishes.

Sewing and Crafts: Pasta beads, large spool with 4 nails for weaving, homemade sewing cards, Paper mache made from newspaper and flour and water paste, dye for tie dye, buttons.

Gardening: outdoors if room, indoors - seeds and bulbs in tin cans or cartons, transplant weeds, etc.

Outdoor play: sleds from hall plastic runner, sand box or dirt for digging, water tub, tire swing, climbing fence, tent from blanket or sheet, jump ropes, balls of all sizes.

House or store or ranch or farm: from sheet or paper or cardboard fastened around card table or other old table; old boxes and cans can provide wares for store with homemade money.

Nature: sticks, shells, stones, and acorns can be pasted together for picture frames, jewelry boxes, small sculptures, flowers, leaves, etc. for scrapbook, flowers, leaves, berries, for pasting on pictures.

Library: free movies, books, records.

Things that can be fun: scrubbing bath tub, baking cookies, making jello, washing dishes.

A lot of books can be made by or for a child. The covers can be from material f or wall paper, etc.

a. the story of me
b. feeling book - each page has something different - a piece of velvet, piece of tin foil, etc.
c. colors
d. simple reading words with magazine pictures
e. counting

SUGGESTED READINGS AND MATERIALS

I. For Parents

Comer, James and Paussaint, Alvin. Black Child Care - How to Bring Up a Healthy Black Child in America: A Guide to Emotional and Psychological Simon & Schuster, New York 1975

Extension Bulletin #437, Home and Family Series. Development and Behavior from Birth to Five Years. Available through county office of Cooperative Extension (free)

Fraiberg, Selma. The Magic Years. Charles Scribner's & Sons, New Yosk 1959.

Felkner, Evelyn. Foster Parenting Young Children. Child Welfare League of America, New York, 1974.

II. For Instructors

Braga, Joseph and Laurie, Growing With Children, Prentice-Hall, Inc., Englewood Cliffs, New Jersey, 1974.

Braga, Joseph and Laurie, Learning and Growing, Prentice-Hall, Inc., Englewood Cliffs, New Jersey, 1975.

Maier, Henry, Three Theories of Child Development, Harper & Row, Publishers, New York, 1963.

III. Multi-Media

Understanding Children's Play (film)

Parent Magazine Filmstrips

World of Three (film)

Child Behavior Equals You (film)

The Conscience of a Child (film)

Two and One Half (film)

Outdoor Play

FP 205 FOSTERING THE SCHOOL AGE CHILD

General Objectives

To acquaint foster parents with the general developmental tasks of the seven to twelve year old child in the emotional, social, physical, cognitive and moral spheres.

To review with foster parents the many ways in which they can aid the school age child's adjustment to separation and work with the child in enhancing the sense of identity and development of self-esteem.

To examine with foster parents the importance of the school experience to the foster child and the many ways in which foster parents can facilitate a successful school adjustment.

Specific Goals

To learn how to assess foster children from a developmental or maturational perspective and acquire skills in helping the child to move on to the next set of developmental tasks.

To develop skills to assist the foster child to acquire and build a sense of identity, and self-esteem.

To assess the role of the school in the development of the child and develop skills in working to supplement the school.

To learn about some of the more common school related problems of childhood, such as school phobia, truancy and learning disabilities and develop skills in seeking appropriate help with these problems.

To learn the appropriate ways in which a family can help the foster child by working with professionals to resolve school related problems.

Important Points

1. The primary physical developmental task of the school age child is to consolidate the gains in large and small motor coordination so that they be a "natural" part of the child's functioning. (Example: learning to ride a two wheel bicycle is hard work, requiring practice and many "spills" along the way. Suddenly something "clicks" and the child can ride freely and spontaneously, without struggle or concentration.)

2. The primary emotional developmental task of the school age child is to develop a sense of confidence, competence and self-esteem through acquiring varied skills, including the ability to handle feelings.

3. The primary social developmental tasks of the school age child are to move from social and emotional dependence on parents (foster & natural) to peer relationships as a source of gratification; and positive identifications with adult figures other than parents.

4. The primary cognitive developmental task of the school age child is to move toward acquiring and using "logical" thinking. (Note: Fantasy is still O.K., but the child needs secondary process thinking to master concepts and skills).

5. The primary moral developmental task of the school age child is to use and enjoy "rules" as part of a sense of "fairness" and to begin to internalize rules in his "conscience" which operates even in the absence of adult supervision.

6. School aged children are in certain respects better equipped to handle separation than are younger children as they have more highly developed "time sense" and are generally better able to express feelings in words. If foster parents can help the child handle separation through planning ahead for visits from natural parents, marking visits on calenders, helping the child to express feelings, verbally or nonverbally, more of the child's energy will be free for learning and growing.

7. The school age foster child can be helped to gain a sense of identity in a variety of ways (regardless of whether the plan is to return home or be placed for adoption).

   a. Making a scrapbook, with pictures of natural and foster families which he can take with him when he moves on.

   b. Making a "family tree" of the natural family that includes the positive aspects of the family with which he can identify. ("Grandfather was a carpenter. You are good with your hands too".)

   c. Establishing a sense of belonging in the foster parents' community through such activities as having a library card, knowing the owner of the corner store, or belonging to cub scouts.

   d. Having a sense of ownership of important items which he can take with him, such as clothes, books, toys.

   e. Having a record of his accomplishments; good papers from school, craft projects, printed programs from the school assembly or the little league banquet.

8. By their handling of normal "problems" of this age group (chores, bedtimes, lying, dishonesty, destructiveness, breaking rules, etc.) foster parents can either build or destroy a child's self-esteem. General guidlines for handling these situations are:

   a. reward all positive desired behaviors

   b. explain the reason for rules. Appeal to the child's sense of fairness.

   c. Do not attack the child's self. Don't say "you are a slob" or "you are a liar", when you mean "I want you to wash up for dinner and put your dirty clothes in the laundry hamper not on the floor" or "When you tell me you didn't fight with Johnny I want to be able to believe you, but your teacher tells me she saw the fight."

d. Making sure rules are:

1. About behavior the child can control (you must be in bed at at 9 o'clock, not: you must asleep by 9 o'clock).

2. Specific (make your bed every morning before breakfast, not: keep your room neat).

3. Enforceable (you will have to go to your room if you use language like that, not: never swear).

9. Self-esteem is built by:

a. Providing the child with opportunities to do things well, start him on tasks that are easily accomplished.

b. Providing the child with challenges, let him do new things, go places, take responsibilities.

c. Providing the child with opportunities to contribute, a reasonable schedule of chores.

d. Providing the child with a sense of control, ownership of possessions and a private place to keep them.

e. Providing the child with assurance that his feelings are always O.K. even though his way of expressing his feeling may have to be changed.

f. Assuring the child that he is progressing and many of the things he finds difficult now will become easier as you have confidence in how to grow.

10. When enrolling the foster child in school, foster parents need to point out to the teacher the child's strengths and skills on which the school can build. Foster parents can and should request any special services or activities which they think the child needs, inform the school that they wish to be involved in the planning for the child, and ask to be notified immediately if there seem to be any problems developing.

11. There are many reasons why a foster child might not be doing well in school. Some of the most common are:

a. Separation: the child's unresolved feelings may be using up the energy that is needed for learning.

b. Anxiety: the child may worry about "measuring up" to the expectations of the new school.

c. Earlier school experience: the child might have missed out on acquiring basic academic skills due to illness, poor attendance or the "problems at home" and may need to learn what has been missed.

d. "Learning Disabilities": the child may have visual, perceptual, neurological or coordination problems which make it difficult for him to learn in the same way or at the same pace as his age mates.

e. "Developmental lag": due to life experience, the child may simply need more time to "catch up" and the freedom to grow at his own rate.

12. The school has a responsibility to assess the needs of the foster child and to create a learning plan which will provide the individualized services to help the foster child adjust and grow to the best of his potential.

13. The foster parents have the responsibility to work with the school personnel in understanding and planning for the child; to insist (or demand if necessary) that the school provide all needed services and to assure placement of the child in the kind of class best suited to his needs and abilities.

14. Foster parents are not tutors. Foster parents can encourage or help a child with his homework or studies, but if specialized, individualized help is required, the school can provide "helping teachers, reading consultants, etc." Sometimes the relationship between foster parent and child allows tutoring but the foster parent should be wary about setting up conflict with the child around school that will make aspects of the parenting role difficult.

15. If the plan is for the foster child to return home, it is a good idea to include both foster parents and natural parents in the Educational Planning and Placement Conferences. It is also appropriate for the foster parents or the school to ask the child's worker to attend.

16. School is the child's steppingstone into the community and the world at large. In addition to making the foster child's school experience a successful one, foster parents can provide "enrichment" outside of school for the child in a variety of ways:

a. Enrolling the child in cub scouts, little leaguge, bluebirds, church group, Y.M.C.A.

b. Helping the foster child develop skills and hobbies; music lessons, iceskating, making things and doing projects at home.

c. Using games and play to develop learning skills as part of an educational play - "concentration", "flash cards", playing cards to develop number skills, etc.

d. Showing the foster child how things are made, and the world of work; tours of fire stations, dairies, newspapers, museums, etc.

1. Foster parents can recall some of their own childhood feelings and experiences on the following topics:

   a. Something they made as a child that they were proud of.

   b. A childhood hero or "special" adult person.

   c. Following rules.

   d. A bad day in school.

   e. Telling parents about something they had done that was "wrong."

   f. Joining a club.

2. Invite a school social worker, principal or teacher to class to talk about all the special services that are available through the school.

3. Roleplay enrolling a foster child in school, making the following requests for:

   a. Assigning a "buddy" who can show the child around school, eat lunch with him, etc.

   b. Locating a group (cub scouts, bludbirds, etc.) the child can join

   c. Testing for visual or hearing impairment.

   d. Psychological and reading readiness testing.

   e. Arranging a meeting within the first month with all the special service personnel to make up a plan that the foster parent can work with.

4. Discuss what is appropriate for foster parents to say or do in the following situations:

   a. The teacher calls to say that on Mondays the child is too upset to concentrate on learning. (Sunday is visiting day with the natural parents).

   b. The principal says that Jimmy is too much of a behavior problem to leave him in the second grade classroom.

   c. The school psychologist indicates that the child belongs in a "special education" classroom.

   d. You are notified that Susie is as much as an hour late to school each day even though you send her off in plenty of time.

   e. Sam is "suspended" for fighting with classmates and "talking back" to teachers and the principal.

   f. Sandy comes home complaining that he was "paddled" with a big paddle for misbehaving.

g. The school secretary says that Jim is not eligible for free or reduced rate hot lunches because your family is financially over the minimum standards.

h. The helping teacher says that Ellen feels scared and unhappy because the other children tease her about being a foster child.

i. The rocket football coach is concerned because Ed is telling his teammates that his "real father" is a pro football star. No one believes him and the other boys are calling him a liar. (Ed's father is an unemployed alcoholic).

j. The teacher says that she thinks Tyrone should be "placed on medication to slow him down."

k. The teacher reports that Mary is falling asleep in class.

5. Divide class into small groups with each group discussing a different concern common to this age: bedwetting, lying, fighting, sloppiness about clothes and possessions, failure to do chores, school phobia, bedtime problems. For each group they should ask:

a. Why is this a problem to the family?

b. Why might the child behave like this?

c. Is this a "child" problem or a "foster child" problem?

d. What are the long rage consequences?

e. What can they do about it in the short run?

SUGGESTED READINGS AND MATERIALS

I. For Trainees

Brutlen, Milton, and Richardson, Sylvia, and Mangel, Charles. Something's Wrong With My Child: A Parent's Book About Children With Learning Disabilities. New York: Harcourt, Brace, Jovanovic, 1973.

Enuresis. Ypsilanti, Mich.: Foster Parent Training Project, 1975.

Gordon, Thomas. Parent Effectiveness Training.

Ginott, Haim. Between Parent and Child and Teacher. New York: Macmillan, 1975.

Patterson, Gerald. Families. Champaign, Ill.: Research Press Co., 1975.

Chart on Stages of Emotional Development. Ypsilanti, Mich.: Foster Parent Training Project, 1975.

Third Annual Michigan Foster Parent Assoc. Educational Conference Summary, "Introduction", Ypsilanti, Mich. 1975.

Fourth Annual Michigan Foster Parent Assoc. Educational Conference Summary, "Introduction", Ypsilanti, Mich. 1976.

Kex, Elizabeth. "A Letter to A Foster Child," Children Today. May - June, 1973, p.11

Reistroffer, Mary. Conversations. Child Welfare League, New York, 1974.

II. For Instructors

Grass, Mortimer, and Wilson, William. Minimal Brain Disfunction. New York: Brunner/Magel, 1974.

Lewis, Melvin. Clinical Aspects of Child Development. Philadelphia: Lea & Febiger, 1973.

Maier, Henry. Three Theories of Child Development. New York: Harper & Row, 1965.

III. Multi-Media

"Sociable Sixes to Noisy Nines" (film) EMU

"What Do You Think? (film)"EMU

TP 209 FOSTERING THE TEENAGER

General Objectives:

1. To assist foster parents in understanding the developmental process of teenagers in order that they may more effectively help teen-aged foster children in their care to reach healthy independence.

2. To inform foster parents about the various kinds of teen behaviors that may constitute social problems and to assist them in developing ways to guide teens and cope with these behaviors (i.e., sex, substance abuse, running away, truancy, delinquency).

Specific Goals:

1. To develop greater understanding of the normal strains inherent in the adolescent developmental stages.

2. To recognize independent or even rebellious behavior as a sign of growth.

3. To develop skills in counseling adolescents to make their own decisions.

4. To clarify their own value positions and become comfortable with allowing teens to develop alternative values.

5. To gain skill in developing and implementing specific house rules that increase the chances for a pleasant environment.

6. To develop specific strategies for helping teens develop into responsible adults.

7. To develop greater understanding of the consequences of problematic behavior (i.e., sexual activity, substance abuse, truancy, delinquency).

8. To gain knowledge of the resources available to foster teenagers who need them.

Important Points:

1. Although society tends to view adolesence as a time of conflict, trauma, and problems, these can be handled in such a way as to produce growth.

2. Adult fears regarding adolescence may lead to a heightening of crisis and parent-teen conflict.

3. Each developmental stage is reached through resolution of inner crisis generated through the organism's desire to continue comfortably and safely with behavior appropriate to the current developmental stage and the physical and emotional need to move on to greater independence. Thus acting out and rebellion may be seen as positive signs of growth (even though it sometimes is obnoxious)

4. Adults often dread the loss of control they feel as a child approaches adolescence more than they feel real fear that the teen will ruin his life.

5. Parental examination of self is important: What are my values? To what extent can I empathize with and trust others? What tendencies in my own personality do I fear? What is necessary to understand and deal effectively with teens?

6. The adult must redefine problems with teens and ask himself: Whose problem is it?

7. As the adult begins to see adolescents as capable of taking responsibility for their own behavior and decisions, and as the ones who will have to take the consequences, they can redefine their role from one of decision maker for the teen to that of counselor.

8. The adult role then becomes one of helping the teen define his problem, sorting out alternatives, and assessing consequences.

9. This is not to say that teens should be free from regulation. Every home has the right to establish realistic rules. The consequences for breaking the rules should be reasonable and agreed upon in advance.

10. Teens, like all of us, need to feel that they are worthwhile people. At this age young people often tend to look outside of the family, to peers or the school for reaffirmation of their worth. Idealistically they attempt to formulate a set of general rules to explain and make sense of their expanded social relationships.

11. Reasonable rules, concerned listening, guidance or help with decisions, rather than attempts at control, tell the teen that he is a worthwhile valued person and that the adults in his life have confidence that he is maturing and will be able or will soon be able to handle his own life, independently and responsibly.

12. It is not unusual for an adult dealing with a teen to feel inadequate, old, dowdy, or generally emotionally assaulted by the vigor, youth, and attractiveness of young people, especially when the young person lets the adult feel they have little respect for their values, style of dressing, etc.

SUGGESTED ACTIVITIES

Helping the foster parents recall the kinds of behavior in which they enjoyed as teens, may help relieve some of their anxiety around problems they are facing and help them to empathize with teens in their homes.

For each problem the trainees should be helped to explore the following questions:

1. What are my attitudes toward this behavior? How did they develop? What behaviors do I find acceptable? What are the limits? Why does it frighten me?

2. Why does this behavior on the part of a teenager constitute a problem? Is it disruptive? Will it influence my other children? Is it dangerous to him or to others? Is it illegal? What are the long range consequences?

3. Why does he behave this way? Need for peer recognition? Testing of limits? Because it is fun or attractive? Because he is unaware of the consequences? Because he is ignorant of the rules? Because negative attention is the only kind he thinks he can get?

4. What do I do to trigger or encourage this behavior? How do I set up situation that is clear?

SUGGESTED READINGS AND MATERIALS

I. For Trainees

Loppnow, Donald, Fostering Teens: A Workbook. Foster Parent Training Project, Ypsilanti, Michigan, 1977.

Runaway Centers located in Michigan, FPTP Handout.

"The Runaway Youth", Youth Reporter. Washington D.C. Publication No. OHD/OYD 75-26030.

Listing of Ed-U Press Publications, FPTP Handout.

Reference Guide. . .To Some Drugs Which are Subject To Abuse, FPTP Handout.

Ginott, Haim G. Between Parent and Teen. New York: Macmillan, 1969.

Gordan, Thomas. Parent Effectiveness Training. New York: P. H. Wyden, 1972.

II. Multi-Media

Pack Your Own Chute (film)

Mary Reistroffer, The Subject is Teenagers, Part I & II (tape cassette)

FP 215 - GUIDING THE SEXUAL DEVELOPMENT OF THE FOSTER CHILD

General Objectives

To examine the manner in which family living contributes to the normal and healthy development of sexuality in children, through sex role modeling, definitions of appropriate vs. inappropriate behaviors, and impartation of values and attitudes.

To reduce anxiety and increase a sense of competence in foster parents dealing with problematic issues in children's sexual development, whether it is working with the "sexually acting out" child, or working with the sexually abused or exploited child.

Specific Goals

1. To understand the process of identification with adult models, and response to adult expectations through which a young child's sense of gender identity is established.

2. To understand that family values and behavior concerning sexuality can enhance or diminish child's self-esteem and self-concept as a healthy male or female human being.

3. To clarify values and attitudes of foster parents concerning manifestations of sexuality which are permissible to them, permissible to other adults, and permissible to children.

4. To discuss and define what is appropriate use of sexual language for themselves and for the children in their care.

5. To assess, using prior knowledge, a child's sexual development within the framework of his social, physical, emotional, intellectual and moral developmental stages.

6. To recognize that "sexual acting out" of children often involves a discrepancy between the stage of sexual development, and the stage of development in other areas, or forbidden public behavior that is privately permissible.

7. To understand that most childhood and adolescent sex play, exploration and masturbation falls within the limits of "normal" self expression, and be able to apply limits within the perespective of what is socially appropriate, rather than what is "Right or Wrong".

8. To recognize that sexually abused or exploited foster children need to learn socially appropriate ways of giving and asking for attention and affection.

9. To understand that adult attitudes and reactions to incidents of sexual abuse and exploitation may have a more profound impact on the child than the actual event.

Important Points

1. Gender identity is established within the first four years of life.

2. Sexual and total self-esteem are inseparable: if it is not safe or worthwhile to be male (or female) then it is not safe or worthwhile to be me.

3. This feeling of total self worth is developed in a number of ways; by observing how same sex models are treated by opposite sex models, by observing how same sex models feel about their own sexuality, by experiencing how a girl (or boy) is treated by same or opposite sex adults, by feeling that one's own body is good, safe and pleasurable.

4. Manifestations of sexual behavior are not "good" vs. "evil, wrong or sinful"; rather they are appropriate or inappropriate depending on situation, place, social expectations, etc.

5. What is appropriate sexual behavior varies from culture to culture; such as wifesharing among the eskimos, adolescent promiscuity among the south sea islanders, caressing the genitals of infants and young children as a means of soothing in other tribal societies.

6. There may be some subcultural differences in values concerning appropriate behavior between foster parents, and the way in which their foster children had been raised, with issues of modesty, privacy, parental sexual behavior, use of sexual language causing concern to foster parents.

7. The foster child may reflect the sexual value system of his earlier life experience. To attack this value system or behavior may seriously diminish a child's self-esteem.

8. It is reasonable to point out that things are done differently in the foster home, and to insist on certain behaviors. "In our house, Johnny, we don't go into someone's room without knocking", or "I understand that your mother has a lot of boyfriends, but I'm married, so don't ask the insurance agent or the repairman if he is my boyfriend, because it embarrasses me".

9. It is reasonable to point out consequences and appropriateness of sexual behavior. "I know that lots of people use that word, but if you say it in front of our friends, it will upset them, or if you say it in school, you may get in trouble with the teacher."

10. Forms of sexual expression can be viewed in the following manner: Red light (dangerous, illegal, etc.), Yellow light (proceed with caution) or Green light (Go--it's safe). This concept can be applied to the areas of what is permissible for one's self, what is permissible for other adults, and what is permissible for children. Defining whether a form of sexual expression (masturbation, for example) is red, yellow, or green light, can be useful for value and attitude clarification.

11. Depending on situation, a sexual behavior may be red, yellow or green. Masturbation may be "red" on the street corner, "yellow" around the house, or "green" in the bedroom--according to the parents' values, developmental knowledge, and sense of appropriateness.

12. The sexually abused and/or exploited child needs to learn that she (he) has the right and responsibility to say "no" to adults or children seeking physical intimacy.

13. The sexually abused and/or exploited child may be suspicious of physical affection from foster parents.

14. The sexually abused and/or exploited child may have learned inappropriate interaction patterns, which could upset foster parents with concerns that the child is being seductive or sexually provocative.

15. The role of the foster parent in either case is to teach appropriate behaviors while demonstrating caring and warmth in a non-threatening manner.

16. Research indicates that child victims of sex crimes are often more emotionally damaged by the fears and overreactions of adult caretakers, than by the incident itself.

17. Often, reassurance that the child was not to blame, and that the episode will not occur again is all that is needed. As in other issues of child development, if problems persist it may be necessary to seek professional help.

18. It is important that the foster father and foster mother learn or are able to communicate comfortably with each other on issues of their foster childrens' sexuality, especially when fostering the sexually abused or exploited child.

SUGGESTED ACTIVITIES

I. Sex Education for Children

1. Read in class several children's books on Sex Education (listed in suggested readings)
   Have foster parents assess usefulness of books on the following criteria:
   a. Is it attractive to children (drawings, size, use of color, etc.)
   b. Is it factual, honest? Does it "beat around the bush"?
   c. Could foster parents feel comfortable reading it to the child?
   d. What ages is it appropriate for?

2. Ask foster parents to recall their childhood experiences with sex education.
   a. Who first told them "the facts of life".
   b. What were their reactions?
   c. What did their parents tell them?
   d. How was information conveyed? (through books, movies at school, conversation)

II. Managing Sexual Behavior

Ask foster parents to evaluate selected examples of the following behaviors of foster children as being "red light" (dangerous, illegal), "yellow light" (proceed with caution) or "green light" (go it's safe). If a behavior is "red" or "yellow" discuss why, and what are appropriate techniques for handling behavior.

a. Johnny, age 6, wants to get in bed with the foster parents when he has bad dreams.

b. Susie, age 5, wiggles around on her foster fathers lap.

c. Jimmy, age 3, wants to watch his foster mother when she is in the bathroom.

d. Hank, age 9, has been undressing the 5 year old neighbor girl.

e. When Laurie, age 4, gets into bed, she curls up with her thumb in her mouth and her other hand on her genitals.

f. Doug, age 12, has been dialing phone numbers, saying "dirty words" and hanging up.

g. Sandra, age 16, informs foster parents that she is "on the pill" and "looking for a good time".

h. Arthur, age 15, keeps a stack of "porno comics" under his bed.

i. Sally, age 6, and Jimmy, age 4, are "playing doctor" in the bedroom.

j. Linda, age 10, refuses to undress and shower for school swimming classes.

k. Gloria, age 8, walks around the house in her underwear, and "forgets" her bathrobe.

l. Benny, age 10, masturbates in front of the TV when a program becomes violent or "scary".

m. Sam, age 11, is "caught" by a neighbor in mutual masturbation with members of his club at their "secret hideout".

n. Laura, age 13, kisses her foster father on the lips, and holds him "too tightly" during hugs.

o. Due to crowded conditions, George, age 3, sleeps in the same bed as his natural mother during weekend visits.

p. Due to crowded conditions, Tim, age 12, sleeps in the same bed with his natural mother during weekend visits.

q. Vicky, age 14, reports that her natural mother's boyfriend is "making a pass" at her.

r. Sam, age 6, said "Fuck you" to his teacher.

s. Andy, age 16, tells older brother that he is "screwing" a 14 year old girl.

t. Tom, age 10, "dresses up" in the foster mother's clothes.

u. Sara, age 12, listens outside the foster parents bedroom door.

v. Vanessa, age 4, urinates standing up and says she can "do it like a boy".

W. Fred, age 9, makes up songs using "bathroom words" and sings them to himself.

SUGGESTED READINGS AND MATERIALS

I. For Trainees:

Baruch, Dorothy. New Ways in Sex Education. New York: McGraw Hill, 1959.

Biller, Henry and Meridith, Dennis. Father Power. New York: Doubleday, 1975.

Gendel, Evelyn. Sex Education of the Mentally Retarded Child in the Home. Arlington Texas: National Association for Retarded Children, 2709 Ave E.

Gordon Sol & Gordon, Judith. Did the Sun Shine Before You Were Born? New York: Okpakee Publishing, 1974.

Gordon, Sol. Girls Are Girls and Boys are Boys, So What's the Difference? New York: John Day Co., 1974.

Gordon, Sol. Ten Heavy Facts About Sex. Syracuse, N.Y.: Ed-U Press, 1975.

Hymes, James. How to Tell Your Child About Sex. New York: Public Affairs Pamphlets, 1949.

II. For Instructors:

General

Kempton, Winifred. Techniques for Leading Group Discussions in Human Sexuality. Planned Parenthood, 1402 Spruce St., Philadelphia, Penn. 19102.

McCrary, James. Human Sexuality. Princeton, N.J.: Van Nostrand, 1967.

S.I.E.C.U.S., Human Sexuality (annotated reading & reference list). S.I.E.C.U.S., 1855 Broadway, New York, N.Y. 10023 (50¢).

Whitin, John and Child, Irvin. Child Training and Personality: A Cross-Cultural Study. New Haven, Conn.: Yale Press, 1953.

Sexual Abuse and Exploitation of Children

DeFrancis, Vincent. Protecting the Child Victim of Sex Crimes Committed by Adults. Denver, Colorado: American Humane Association, 1969.

Eaton, Antionette P. and Vastbinder, Earl. "The Sexually Molested Child, A Plan of Management". Clinical Pediatrics 8 (8) (1969) 438-441.

Master, R.E.L. Patterns of Incest. New York: The Julian Press, Inc. 1963.

Schultz, Leroy G. "The Child Sex Victim: Social, Psychological and Legal Perspectives". Child Welfare 52 (3) (March 1973) 147-57.

Woodbury, John & Schwartz, Elray. The Silent Sin: A Case History of Incest. New York: Signet, 1971.

III. Multi-media:

How About You? (film) teenage sexuality

Sex Lecture: Mary Calderone (Video Cassette) EMU

FP 505 & 506 FOSTERING THE CHILD WITH

MENTAL RETARDATION I & II

General Objectives:

To help foster parent to gain understanding about mental retardation and its effects on the individual.

To help foster parents develop skills on parenting such a child to maximize his ability to function with joy, dignity, and happiness.

To help foster parents develop skills in assessing and planning for the child.

Specific Goals:

To learn the differences between mental retardation and other types of problems and to understand that the term mental retardation is only justifiable after appropriate diagnostic measures.

To learn the consequences of different forms of mental retardation for development and behavior.

To develop skills in positive parenting the child with mental retardation including modifying the physical environment of their home, setting up a structural environment, and developing appropriate rules.

To Understand the various areas of development that must be worked on to normalize the child's behavior.

To develop understanding of and techniques for using appropriate community resources.

To develop skills in assessing the child's development and developing a plan to maximize his potential.

Important Points:

1. Mental retardation is defined as:

   Impaired intellectual functioning apparent in early development resulting in impaired social adaptation.

   It is a term that is only appropriately applied to a child after a complete diagnostic workup. It is not to be confused with emotional problems although the mentally retarded individual may be emotionally impaired and the child with emotional problems may have some problems in learning.

2. The classifications of mental retardation are:

   a. Mild (educable). These individuals have a tested I.Q. of 51 to 70, have slow development, can lead independent lives with appropriate training and account for 89% of the retarded population.

   b. Moderate (trainable). These individuals have a tested I.Q. of 50 to 36, are backwards in development, will need to live and work in a sheltered situation and account for 6% of the retarded population.

c. Severe. These individuals have a tested I.Q. of 35 to 20, their motor development, speech and language are retarded. They need a protected environment but probably can achieve minimal self care skills. They account for 3.5% of the retarded population.

d. Profound. These individuals have an I.Q. of less than 20, have gross impairement in coordination and sensory development, need constant care for survival and constitute 1.5% of the retarded population.

3. Children who are not with their natural parents often feel rejected, unwanted, unnecessary and unloved. These feelings are complicated for the child with retardation, for this child often views himself as a "misfit", "stupid", or a "retard." In order to help the child with such a poor self-esteem, it is necessary to provide a safe, secure home. A well run home depends on: acceptance of the child, respect for each family member's privacy, safety, routines, learning opportunities, and recreational opportunities.

4. The home must be organized so that the storage and use of dangerous implements and substances are not hazardous to the child. In addition the parent must plan to teach, supervise and monitor the use of dangerous or potentially dangerous items that can not be kept locked up. Just as important is the establishment of limits which apply to all members of the family such as:

a. no person shall hurt anyone including themselves.

b. no person shall destroy or damage anything.

c. no person shall threaten or intimidate.

d. no person shall interfere with direction and guidance being given to another.

e. all safety precautions including the use of cigarettes and alcohol must be observed.

Limits are not negotiable. They are the firm extremes beyond which behavior will not be allowed in the home. Therefore, there can be no deviation from the expectancy that limits will be maintained.

5. If there has been a "breach of safety", a parenting person must move instantly and emphatically to restore the limit by:

a. openly, publicly, and plainly letting the offender know that the parent is angry about the infraction.

b. withdrawal of privilege.

c. physical containment.

6. The child with mental retardation expects and needs the same strengths from a parenting person as do all other children. However, because of the retardation it may be more difficult for the child to express his feelings around needs and expectancies. It may be more difficult for the child with retardation to give the cues, responses, and rewards to indicate to the foster parent that needs and expectancies are well met and satisfied.

   In addition to the same needs that other children have, foster children need permission to love or respect absent parents, preparation for living in another place with other people, acceptance into the foster home as a member, and an advocate in the neighborhood and community.

7. The child with mental retardation, like all children, must develop a feeling of self worth. A parent helps a child develop as he is and through active involvement with helping the child to grow. The child can be taught to accomplish tasks, can be expected to grow, and can be allowed freedom to make appropriate decisions, and the freedom to take certain risks.

8. Good rules provide structure and security. Rules must concern behavior that is under a person's control. They should include a clear definition of the situation and clarification as to time. Rules must be specific, clear, reasonable, enforceable, and should serve a purpose.

9. There are many things a parent can do to make the many household routines less provoking and upsetting. Things to think about around each routine are:

   a. do we leave enough time?

   b. is there enough parental attention?

   c. what can we do to make it more fun or rewarding?

10. Part of the role of any foster parent is to assess each child and develop a plan for the child to learn as many adaptive behaviors as possible. For the child with mental retardation, some of the areas of behavior to be evaluated are:

   a. personal presentation

   b. self care

   c. walking and comportment

   d. speech and manners

   e. use of home and neighborhoods

   f. getting along with others

   g. self-direction

11. In order to assess where a child is at in terms of certain behaviors it is necessary to break an expected behavior into all of its concrete components. These can be taught to the child one at a time, not expecting more until he has mastered a given step.

12. In order to set realistic behavioral goals, the following questions must be answered:

    a. What is the desired final outcome.

    b. Is the desired outcome possible?

    c. Can the behavior desired be described in specific terms?

    d. What are the particular things to be learned?

    e. How will you know when the desired outcome has been achieved?

    f. What behaviors does the child now demonstrated that can be strengths in the new task?

    g. What behaviors does the child now demonstrate that can be hazards in this new task?

13. The foster child with mental retardation will learn by having the parenting person set up programs to teach self-help skills. These programs must be an ongoing part of the daily household routine. They can involve either teaching the child new tasks or extinguishing undesirable behavior. At least part of each day should be set aside for the learning of new tasks. Progress will be slow and often the foster parent will find that they can work on only a very small part of the task at one time. Rewarding the child every time he performs part of a task correctly is usually much more effective than punishing mistakes. Keeping records of his performance helps the foster parent keep track of his progress even when it is very slow.

14. Before a foster parent accepts a child with retardation they have a right to:

    a. a complete evaluation of the child's current level of functioning.

    b. a discussion of the preliminary planning for this child.

    c. the complete school plan for the child including the school he will attend, the transportation plan for getting him there, and the date he is to start.

15. Foster children have the right to all community resources available and the foster parent is the person to see that the child receives his fair share.

SUGGESTED ACTIVITIES

1. The instructor may bring to class all the slang and other words for mental retardation and mental illness written on large cards and ask the trainees to sort them into words describing mental retardation and those describing emotional disturbance.

2. Ask the class to write down their specific expectations around certain every day situations (bedtime, mealtime, etc.) and to describe specifically the routine of their family around that situation.

3. Ask each person to write down three rules in their home. The class can discuss why each rule is or is not a good one and how a better rule might be stated?

4. Take one or more of the following situations and break it into each of the concrete subparts:

   a. taking a shower

   b. brushing teeth

   c. taking a bus

   d. making a bed

   e. answering the telephone

   f. feeding a dog or other pet

5. Divide the class into small groups and ask each group to report back to the group their suggestions for making one of the following situations less unpleasant or crisis ridden:

   a. getting up in the morning

   b. eating dinner

   c. bedtime

6. Have each parent evaluate one of his own children with mental retardation around specific behaviors. The AAMD Adaptation Behavior Scale is suggested.

7. Have trainees who have children who are at a similar level of functioning work together to develop a plan for the children around specific areas of behavior.

SUGGESTED READINGS AND MATERIALS

I. For Trainees

Dickerson, Martha. Fostering the Child with Mental Retardation. Ypsilanti, Michigan: Foster Parent Training Project, 1975.

Gordon, Sol. On Being the Parent of a Handicapped Youth. New York: New York Assoc. for Brain Injured Children.

Neufeld, John. Twink. Signet, New York

Weber, Beth. "A Parent of a Retarded Child Gives Her Idea of Services Needed." Child Welfare. Vol. LIII, #2 (February, 1974)

Wilks, John & Eileen. Bernard: Bringing Up Our Mongol Son. Boston, Mass.: Routledge & Kergan Paul.

II. For Instructors

Adams, Margaret. "Foster Care For Mentally Retarded Children: How Does Child Welfare Meet This Challenge"? Child Welfare. Vol. XLIX, #5 (May, 1970)

Brendtro, Larry K., et al. The Other 23 Hours. Aldine Publishing Co., 1969.

DeVizia, Joseph. "Success In a Foster Home Program for Mentally Retarded Children". Child Welfare. Vol. LIII, #2. (Feb. 1974)

Dickerson, Martha. Fostering Children With Mental Retardation. (Instructor's Manual). Ypsilanti, Mich.: Foster Parent Training Project, 1975.

Graziano, Anthony M.. Behavior Therapy With Children. Chicago, Ill.: Aldine-Atherton, Inc.: 1971.

Garner, William I.. Behavior Modification in Mental Retardation: The Education and Rehabilitation of the Mentally Retarded Adolescent and Adult. Chicago, Ill.: Aldine-Atherton, Inc., 1971.

Glasser, Paul, et al. Individual Change Through Small Groups. New York, N.Y.: The Free Press.

Redl, Fritz and Wineman, David. Children Who Hate. New York, N.Y.: The Free Press, 1965

Redl, Fritz and Wineman, David. The Aggressive Child. New York, N.Y.: The Press of Glencoe.

Seiffert, Allan, and Hendricks, Carmen, et al. "Parents Participate in Clinical Care of Retarded Children". Social Work. Vol. 21, #2 (May 1976).

Schreiber, Meyer and Day, John. Social Work and The Mental Retardation. New York, N.Y.: The John Day Co.

Shah, Chandrakant and Foulos, Susan. "Assessing Needs and Board Rates for Handicapped Children in Foster Family Care: A Progress Report". Vol. LIII, #1 (Jan. 1974)

Stewart, Mark A. and Olds, Sally Wendkos. Raising A Hyperactive Child. New York, N.Y.: Harper & Row.

Tyrnchuk, Alex. "Training Parent Therapist." Mental Retardation. Vol. 13, #5

III. Multi-Media

Sarah Has Down's Syndrome. (Film).

FP 516 - Fostering the Physically Handicapped Child

9/76

General Objectives:

To help foster parents develop attitudes and techniques which are conducive to enhancing and improving the physically exceptional foster child's physical, emotional, social and mental development. Foster parents will examine and become comfortable with their own values, attitudes and feelings about dependency and differences in children. Secondly, foster parents will be assisted in understanding how the nature of the handicap can affect development in the child, as well as their own parenting.

Specific Goals:

1. To differentiate between actual physical limitations of a physical condition and the way society cripples individuals with such conditions by their reactions to the condition and their lack of expectations for handicapped individuals.

2. To recognize that feelings of repulsion, pity, and over protectiveness toward a physically exceptional individual are normal but are detrimental to helping the individual develop to his full potential.

3. To sort out problems around the handicap from normal "kid problems."

4. To become familiar with the community resources available to handicapped children.

5. To work toward normalization of the child's life and experiences.

6. To develop techniques for dealing with the community and curious bystanders.

7. To develop household routines that lead toward a pleasant structured environment, normal childhood interaction with peers, increased capabilities, and greater feelings of worthwhileness.

8. To increase skills in working with professionals and carrying out their instructions with the child.

9. To increase the awareness that handicapped individuals can lead meaningful, contributing lives.

Points to be Covered:

1. Feelings and reactions of revulsion, embarrassment and guilt at seeing a handicapped child are normal in this society. It is how the foster parent understands and handles these feelings that is important.

2. A handicapped child is a child first and a handicapped child second.

3. Concern and worry about a handicapped child is normal and natural. All parents worry and wonder about how the handicapped child will get along with his peers in the community, in school, and in the job world.

4. Being over-protective with a handicapped child removes from the child the opportunity to become independent, self-respecting and confident in himself.

5. The sexual interaction of handicapped people is disturbing to some people in our society. Sexuality is part of normal development.

6. The foster parent is the key figure in the process of the child's care and adjustment. Understanding of self and a willingness to help will in a large part determine the life a handicapped child will lead. The foster parent should look for the positives in the handicapped child and recognize the physical, intellectual and social characteristics that the child shares with the non-handicapped child.

7. A handicapped child creates "extra" work within a house. Living with a handicapped child may mean some shift in the family. However, the handicap should never become a focal point of family life.

8. The extra work created by a handicapped child can be made easier by:
   a) an established routine
   b) creating a "safe" household. For instance, making sure the floors are clear of objects one might trip over.

9. The foster parents will have to be aware of and deal with the community reaction to a handicapped child. Embarrassing moments in the community (the grocery store, the neighborhood children and parents) can be used as opportunities to educate the public. The child will have to deal with these for his entire life and will model after the foster parent.

10. Having a handicapped child in the family can be a healthy, learning experience for foster siblings. However, foster siblings may also have feelings of revulsion and embarrassment.

11. A handicapped foster child will experience all the normal developmental problems of all children growing up. For instance, normal sexual desires, need for social interaction and successful learning experiences. The handicapped foster child is more like than different from the non-handicapped child.

12. The handicapped foster child will encounter additional developmental difficulties due to the physical handicap.

13. The normal developmental difficulties and the handicapping problems could be exaggerated for the foster child by the separation from his biological parents. The biological parents' guilt and embarrassment about producing a handicapped child is experienced as rejection. It could affect the child's development.

14. The handicapped foster child often feels unloved, unwanted and not worthwhile, which creates difficulty for the child in mastering the handicap, regardless of how much outside help he/she receives.

15. The handicapped foster child needs happy, healthy play. Appropriate play can sometimes lessen the physical difficulties.

16. The handicapped foster child needs to become part of a peer group. The handicapped foster child who finds himself rejected at school, in the community, or in a play group will develop feelings of frustration.

17. All handicapped children can learn and grow into useful adults, although the pace and method may differ.

18. The child's attitudes and ability to handle his handicap throughout his life will be affected by the attitude of the foster parents and others around him. The parents attitude will have a great deal to do with how others perceive, handle and relate to the child.

19. The major goal with a handicapped foster child is rarely recovery, but healthy adjustment in terms of a healthy, productive life.

20. Knowledge about the basic handicap is essential; however, the handicap is simply part of the package of problems experienced by all children and should be seen as only one of a number of life tasks to be dealt with, therefore avoiding the otherwise inevitable problem of creating a "handicapped/crippled" adult.

21. Parental love and determination to help a handicapped foster child is not enough. Knowledge and understanding is essential. The foster parent should learn all they can about the handicap. A realistic appraisal of the handicap and available resources is essential.

22. Foster parents must be aware, understanding, and comfortable with their attitudes, values and feelings towards handicapped people. Are they repulsive? Do they embarrass me? Is it alright for handicapped people to enjoy sexual feelings?

23. The fundamental and basic responsibility of the child belongs to the foster parent. The child is in their care, not the doctor's, nurse's, teacher's or social worker's. It is these persons responsibility to be supportive and facilitate services to the child and family. The handicapped foster child may or may not have had competent professional help. If not, it is the foster parents' responsibility to seek out this help. It is also the foster parents' responsibility to follow through on all prescribed treatment or training.

24. Physicians, medical specialists, therapists, social workers, psychologists, specialists in education, recreation and employment are part of the team who encourage adjustment or rehabilitation. The foster parent must be a member of this team, the most important and basic to success.

25. The foster parent must learn what is expected of himself, as well as others on the team. The foster parent must know when, where and how other team members will perform their role. The foster parent can help the other team members to help the child by sharing information. Even the most competent professionals must sometimes delay diagnosis and treatment, and may not always have the right answers. Each foster child, foster parent and community is different. The foster parent must study the child, community and self in terms of their own responsibilities and resources.

26. The community will present some embarrassing and painful moments for the foster parents and child. It is the foster parents' responsibility to help the handicapped child learn how to handle and cope with embarrassing questions or painful gestures such as teasing. The role of the foster parent is to promote development by helping the child cope rather than display a common reaction of wanting to protect the child. For example: some of us are mobile by using our legs, others use wheels, others use crutches and others roll and will others need artificial devices, but we can all lead happy, productive lives. The handicapped child should come into contact with the community

throughout his life, for the normal healthy order of life should be encouraged and is needed for growth and success. The more natural and normal the childhood, the more natural the adjustment to life and his handicap.

27. Even though children need to learn to play by themselves, children also need other children. Childhood is the time to encourage children to become part of the group, despite the handicap. Foster parents need to provide opportunities for handicapped children to play with non-handicapped children. Integrating handicapped children and non-handicapped children tends to encourage tolerance and understanding. It also helps develop social skills and reinforces the self-image of the handicapped child. Handicapped children can participate in:

    a. Scout troups
    b. Camps
    c. Recreational Centers

    It will take courage to allow the handicapped foster child to participate in normal rough play, settle his own arguments, go to others' homes to play, but all this is necessary for healthy growth.

28. Foster parents should try to always have toys available that provide education, play and exercise. The first factor to consider when buying toys is that the toy is therapeutic. The child will be discouraged if he finds it too hard to manipulate a particular toy.

29. All children require discipline. In disciplining the handicapped child, the foster parent must sort out "normal-kid problems" from problems stemming from the handicap. Problems of a handicapped child that are problems of all children should be handled the same way as they would be with any child. Problems resulting from the handicap should be met with knowledge of the handicap. Some "normal-kid" problems, such as bed-time, eating problems, illness may be exagerrated for the handicapped child. Most of these "normal-kid" problems can be greatly reduced by establishing an organized, stable routine in the household.

30. There is no reason why a handicapped foster child should be exempt from family responsibilities. These reinforce his feelings of belonging while raising his self-image and self-confidence.

31. It is the foster parents' responsibility to know and seek out resources necessary for the foster child:

    a. Rehabilitation Centers
    b. Vocational Services
    c. Sheltered Workshops
    d. Pre-school Centers, special schools, residential centers and nursery schools
    e. Camps and recreational centers

32. All people have some kind of handicap; a heart condition, allergy, sinus, eye problem; even very successful people have handicaps, i.e., presidents with crippled legs. However, the difference with a visible handicap is that others react to what they see. The handicapped child with patience, understanding and education will grow into a productive adult. In fact, parenting a handicapped child provides the parent with many rewards. Parents learn more from handicapped children than the children learn from the parents, plus the child provides the parent the chance to prove and become aware of his love, understanding, goodness, meanness, temper and selfishness.

SUGGESTED ACTIVITIES

1. Each participant starting with the instructor should tell which type of physical handicap they find most obnoxious and why.

2. Set up role playing to handle the following situations:

   ... a neighbor starts telling you in front of the handicapped child that you should not allow him to play with other children.

   ... your foster child tells you he doesn't have to do certain things because he is handicapped.

   .... your handicapped foster child says he wants to go to camp like his brothers and sisters.

   ... the doctor tells you it is a waste of time to work anymore with this particular child.

3. Brainstorm ways in which

   a. toys can be used as therapy for the foster child.

   b. community activities can be developed that the handicapped foster child can join.

   c. techniques to ease the work burden caused by the handicapped child in a foster home.

4. Breaking into small groups, use part of the assessment chart to assess and plan for a particular child.

5. As a homework assignment each foster parent should find out what is the nearest parent group for children with similar handicaps. If possible they should attend one meeting of the organization or write for a list of their publications.

SUGGESTED READINGS AND MATERIALS

I. For Trainees*

The Exceptional Parent. A bi-monthly magazine with many good articles published by the Psy-Ed Corporation, Boston, Mass.

Ferman, Patricia Ryan and Bruce L. Warren. "Finding The Families for The Children," Finding Families for The Children, Chpt. III, Ypsilanti, Michigan, 1974.

Gordon, Sol. On Being the Parent of a Handicapped Youth. New York: Association for Brain Impaired Children.

Langdon, Grace. Your Childs' Play. The National Society For Crippled Children and Adults, Chicago: The Society For Crippled Children and Adults, 1957.

Neufeld, John. Twink. New York: Signet.

II. For Instructors

Burton, Lindy, The Family Lives of Sick Children. Routledge & Keegan Paul, Boston.

Shah, Chandrakant and Paulos, Susan. "Assessing Needs and Board Rates for Care: A Progress Report, "Child Welfare, Vol LII, #1, January 1974.

Shearer, Ann. A Right To Love. The Spastics Society. London: The Spastics Society, May, 1972.

Tool Kit. U.S. Dept. of Health, Education and Welfare, DHEW Publication No. (OHD) 76-31093.

* These are available either free or very cheaply, a number of pamphlets published by the government and other organizations about particular handicaps.

FP 521 HANDLING LYING, DISHONESTY,
and DESTRUCTIVE BEHAVIOR

General Objectives:

1) To help foster parents interpret the meaning of lying, stealing and other forms of dishonesty; help them determine what the consequences of such behavior are for the child; and to help them develop skills in helping children to move to more mature ways of behaving.

2) To help foster parents deal with acting out behavior, especially destructive behavior and temper tantrums, avoid situations that break down control, help the child to develop controls, provide alternative acceptable behaviors, and teach the child how to deal with his feelings.

Specific Goals:

1) To differentiate between different types of apparent dishonesty in terms of the child's developmental stage.

2) To clarify their own values around dishonesty.

3) To understand the reasons why children lie.

4) To develop skills to help the child act more honestly.

5) To understand the reasons children are destructive.

6) To clarify their own values and feelings about anger.

7) To develop skills in controlling destructive behavior.

8) To develop skills in helping children handle anger appropriately.

Important Points:

Dishonesty:

1) Children lie and steal for different reasons. At some developmental stages they really do not understand the difference between lying and the truth, your property and my property. Some forms of dishonesty are the ways in which children learn, and proper management of dishonest behavior may help the child to move into the next stage of development.

2) Some of the reasons why children are dishonest include:

a. reality testing: attempting to find out the difference between what is and what they think.

b. denial: a way of handling painful memories, feelings, fantasies, or behavior to protect themselves from feelings of guilt of inadequacy.

c. wish fulfillment: a way of making things better.

d. fantasy: pretending, imagination, or daydreaming.

e. protection: to escape the consequences of behavior.

f. modeling: copying the examples set by the adults in his environment.

g. lack of impulse control: slowness in moving to the next developmental stage.

h. replacement: childen feel unloved and steal to appease their emotional hunger.

i. need fulfillment: to get things they need or want badly.

j. recognition: to be part of the gang or enhance reputation.

3) Foster families are upset about lying and stealing because:

a. their own moral codes are assaulted.

b. their relationships with the child are disrupted.

c. they are embarrassed with the public, school, neighbors, etc.

d. they worry about the effect on their own children.

e. they worry about the child becoming a criminal or growing up to be an immoral, unethical adult.

4) Lying and cheating are not clearly prohibited in our society. Adults are allowed to bend rules, tell white lies, etc. Why do we expect more of children than we do of adults?

5) Recognizing the stage the child is at developmentally may help alleviate concern and allow the parenting person to use energies more constructively--to help the child to move to the next developmental level. It is important to be aware of what the child is capable of and what his perception of the world is like, to understand his behavior and deal with it effectively (i.e., control the most disruptive behavior and use the situation for growth). Developmental stages are sequential and the person moves from one to another at his own pace and in line with his experiences. No stage can be skipped and thus the child who is at a level below what would be expected, must move to the next stage. He cannot be forced to "act his age." (NOTE: problems with foster children are often either exaggerations of behavior that is typical of a developmental stage or they are developmentally behind what might be regarded as typical of their age.) (See Developmental Chart, Michigan Foster Parent Association Third Annual Educational Conference, p. 31-37)

6) It is important to be specific about the behaivor that is labeled dishonest. Is it really dishonest from be child's point of view? Have we put him into situations that almost force him into dishonesty? (Situations that may be discussed here are: stealing food, fantasy - especially about natural parents, borrowing, lying to avoid punishment, stealing ones own possessions or money, confusion over time - I'll do it in five mintues).

7) The foster parent can do many things to minimize putting a child into situations where he/she will react dishonestly:

a. Clearly establish property rights in and out of the household with the rights of all (especially the foster child) respected.

b. Teach how to borrow and return and give help in getting permission and with disappointment at failures to receive permission.

c. When a child steals, insist on restitution but help with personal support. Provide some method of payment when money is involved, i.e., extra jobs, etc.

d. Remove temptation, i.e., loose change about, unlocked coin collections, piggy banks, wallets, etc.

e. Provide a legitimate source of income, i.e., allowance, ways to earn fair distribution of goodies, gifts at Christmas and birthdays.

f. Listen carefully to children's feelings - is he/she angry, afraid, sad, empty or needy? Help him find more constructive ways of handling these feelings.

g. Demonstrate your own honesty, setting an example and providing a model.

h. Do not lie to a child to "protect" him.

i. Share your honest feelings of anger, embarrassment and shame when a child makes a mistake and help him to see the alternatives to his behavior.

j. When he is wrong, let him understand how he could have been right in the same situation.

k. Recognize what the child is trying to say and help him say it honestly. I wish...., It would have been nice if...., I imagined....

l. Review house rules to be sure that the child is not put into positions of lying about behavior that should really be within his own discretion.

8) What to do in the short run?

a. Assess problem. What is the specific behavior that is troublesome? When does it occur? What situation or interaction triggers behavior? What does it mean to the child? Why does he/she behave this way?

b. Make a plan. If we remember that our role is to teach children to be able to make their own moral judgements, and control their own behavior, then we can base our plan on helping them to control their behavior rather than depending on outside control. This doesn't mean we shouldn't use outside controls. With young children, or with children of any age who have not developed their own controls, outside controls are necessary.

c. Implementing plan. Child should be told why specific behavior is wrong and the consequences of such behavior in line with his stage of development. The specific wrong behavior should be named and the specific consequences of that repeated behavior will bring.

Destructiveness:

1) Anger and agression are the natural responses to frustration. All human beings experience frustrations as they grow. The infant or small child reacts with rage. We must teach all children appropriate ways to handle anger.

2) Many adults feel anger of any type is deplorable and are especially concerned about children being angry. Foster families also have to deal with the consequences of acting out behavior.

3) Although behavior can be controlled, all feelings, including feelings of anger are legitimate.

4) Foster children, because of their life experiences, may feel more anger than most other children. The foster family did not cause the anger and it is not their fault, but the foster child may use them as the target of the anger. All behavior has meaning even if it is not always obvious.

5) Children are likely to express their anger through temper tantrums, deliberate destructiveness, or attempting to hurt others. Although we can empathize with their feelings, we cannot let them hurt themselves, others, or destroy property.

6) Children act out their anger in inappropriate ways because they have not developed appropriate controls, because they have not been taught appropriate ways to relieve their feelings, and because they really want adults to provide some control as an expression of their concern.

7) Self control is closely associated with developmental stages. Recognizing the stage the child is at developmentally may help alleviate concern and allow the parenting person to use energies more constructively - to help the child to move to the next developmental level. It is important to be aware of what the child is capable of and what his perception of the world is like, to understand his behavior and deal with it effectively (i.e., control the most disruptive behavior and use the situation for growth). Developmental stages are sequential and the person moves from one to another at his own pace and in line with his experiences. No stage can be skipped and thus the child who is at a level below what would be expected, must move to the next stage. He cannot be forced to "act his age." (NOTE: problems with foster children are often either exaggerations of behavior that is typical of a developmental stage or they are developmentally behind what might be regarded as typical of their age.) (See Developmental Chart, Michigan Foster Parent Association Third Annual Educational Conference, p. 31-37)

8) The goals to be achieved with any child who acts out are:

a. Immediate control of the behavior to prevent harm to himself, others, or property.

b. alleviation of the anger.

c. development of self-control and acceptable avenues of expression of feelings.

9) Controls that are extremely punitive only make the child more angry.

10) The best discipline is always the natural consequence of behavior. If you break something, you no longer have it and must pay for it if it belongs to someone else. If you hurt children, you can no longer play with them. (NOTE: Extreme isolation may make the child more angry. Temporary removal until he/she gains self-control or for a time period appropriate to his age is better.) Obviously, some consequences are too severe to allow.

11) To handle behavior in the short run, the parent first of all assesses the behavior. One should determine if intervention is necessary. Is the child truly destructive or merely careless with his/her possessions Is he taking out destructive urges on his own personal property or infringing on the rights of others? Does his/her behavior need control or is it only the expression of anger that is disturbing to the foster parent?

12) The parent must determine why the child acts out. What situations trigger acting out behavior and what is the child feeling? The answers to these questions determine the plan.

13) Working on too many problem areas at one time is bound to lead to failure. The parent should determine which specific behavior areas should be tackled first. Priority would probably take the following order:

a. Stop the child from hurting himself or others.

b. Stop the child from destroying other's property.

c. Stop the child from verbal agression that is assaultive on others (NOTE: This is different from stopping the child from expressing his feelings which should probably never be done.)

d. Teaching the child to be careful and respectful of property.

14) Whenever there is a need to control behavior, the parent should use a variation of the following statement: You seem to be angry or unhappy because _____, but I cannot let you (specific behavior). If you (specific behavior), then (specific consequences). Why don't you (alternative behavior). The child must be physically stopped or removed from the situation if he is likely to be dangerous to himself or others.

15) When the child is out of control, reason won't work. Probably the best way to handle a real temper tantrum is to hold the child firmly but lovingly until he/she gains control or is exhausted. An alternative is to place the child in a relatively safe place, e.g., a carpeted bedroom.

16) As a child regains control, he or she may be able to explain feelings or reason behind his actions. This is not always possible. When

the child is able to explain, the adult is sometimes surprised. Discussion should be initiated (in a concerned way) around the following points:

a. recognition and sympathy for the child's feelings,

b. restatement of specific behavior that cannot be tolerated and why,

c. specific consequences that will follow unacceptable behavior,

d. alternative behaviors the child can substutute,

e. reassurance that the foster parent is concerned about the child, feels he is worthwhile, and is confident that the child will learn more appropriate outlets for his feelings.

17) Alternative behaviors for children:

a. Pounding a pillow, stuffed animal, plastic blow up toy, etc.

b. Throwing balls, snowballs

c. Hammering, chopping wood

d. Expressing feelings through painting, drawing, work with clay

e. "hurting" or tearing up magazine pictures.

These behaviors are OK, but many foster parents will find them disturbing unless they have themselves differentiated anger and acting out behavior.

18) When a situation develops in which a child is losing control, he should be removed. He can be taught to remove himself as he feels control slipping. Going to one's room is often terrible frightening, especially if one's feelings are scarey. A place removed from the family but nearby, such as the stairs, a corner of the dining room, a big chair are good. Removal time should be dependent on the child's ability to rejoin activities rather than a specific time period. He or she can usually tell when they are ready. As children develop controls, they can be encouraged to take time out when control is slipping. Going to watch television is sometimes useful here.

SUGGESTED ACTIVITIES

1. Have trainees describe a lie they have told as a child. Can they remember why they told it? How did they feel? Were they found out?

2. Have group list all of the situations where lying might be the better policy. Can they think of how these situations might be handled sensitively, tactfully but still honestly?

3. Have each person write a short essay on "What do I do when I get really angry?"

4. Have small groups brainstorm:
   ...how adults model dishonest behavior
   ...how adults encourage children to lie

5. Have trainees discuss ways of containing a child of various ages who is having a temper tantrum.

SUGGESTED READINGS

I For Trainees

Leshan, Eda. "When A Child Lies..." Woman's Day, November, 1976, p.107.

Michigan Foster Parent Association Third Annual Educational Conference Summary. Ypsilanti, MI: Foster Parent Training Project, 1975, especially pp. 3-7, 29-47.

Piper, Aaron. "A Skit to Help Us Think About Dishonesty." Casebook, Ypsilanti, Michigan: Foster Parent Training Project, 1975.

Ryan, Patricia. "The Whole Truth and Nothing But the Truth" A Workbook. and Handling Destructive Behavior: A Workbook, Ypsilanti, MI: Foster Parent Training Project, 1975.

Watts, Roy. "Bobbi's Dinner Plate." Casebook, Ypsilanti, MI: Foster Parent Training Project, 1975.

What Would You Do? Attitudinal Survey on Dishonesty.

II For Instructors

Brendtro, Larry K. et.al. The Other 23 Hours. Adline Publishing Co., 1969.

Redl, Fritz and David Wineman. The Aggressive Child. New York: The Press of Glencoe.

Ryan, Patricia. Instructors Manuals for The Whole Truth and Nothing But the Truth and Handling Destructive Behavior. Ypsilanti, MI: Foster Parent Training Project, 1975.

FF 525 FOSTERING THE EMOTIONALLY IMPAIRED CHILD: Parts I and II

General Objectives:

To assist foster parents in recognizing signs of emotional impairment in children and to provide guidelines for cooperation with the professional psychotherapeutic treatment of the foster child.

To help foster parents in structuring a secure environment for the emotionally impaired child with the safety of consistent limits and routines.

To help foster parents develop skills in assessing behavior, guiding the child to more appropriate behavior, and effectively using techniques of behavior management to aid the child's development.

To aid foster parents in recognizing the impact of their verbal and nonverbal communication upon the emotionally impaired foster child, and to increase the foster parents' communication skills.

Specific Goals:

To help differentiate between use of slang or pejorative "labels" and the appropriate use of the term "emotionally impaired" as a diagnostic assessment of a child's condition.

To differentiate the concept of emotional impairment from mental retardation, brain damage, and the "normal" emotional issues of separation in foster children.

To recognize some of the physical, cognitive, emotional and social signs of dysfunction in the emotionally impaired child.

To understand that although the emotional impairment may be a result of the child's earlier life experiences over which the foster parents had no control, that their current handling of the child in every day life has the potential to either correct or intensify the emotional impairment.

To understand role responsibilities in providing "follow through" to psychotherapeutic treatment or institutionalization of the emotionally impaired child.

To assess ways in which foster parents can structure their home environment and adjust routines to ensure maximum physical and emotional safety for the child, providing climate for growth rather than restriction.

To understand that "all behavior has meaning" and in addition to accurately describing behavior of an emotionally impaire child to professional helping persons, to begin to explore with the professional what the behavior means and how the underlying causes can be dealt with.

To examine alternatives to physical discipline and to explore the use of rewards, contingencies, consequences, and "time out" as legitimate means of managing behavior in a non-punitive manner.

To recognize the extreme vulnerability of the emotionally impaired child to "double messages" and non-verbal cues.

To practice communication skills, giving positive rather than negative messages, making words congruent with body language, and making expectations clear.

Important Points: Understanding Emotional Impairment

1. The term "emotionally impaired" is a professional diagnostic term which indicates the general degree of difficulty a child may have functioning in his environment. It does not stand alone or serve as a catchall phrase among professionals, but is always appropriately followed by descriptions of specific developmental deficits or areas of dysfunction.

2. For the general public, including foster parents, it is important to avoid "labels" which can be damaging to the way others perceive the child, or the child perceives himself. The terms "crazy", "sick", "emotionally disturbed" (etc.) are ineffective or useless in describing behavior. Rather than using the above terms, foster parents can talk of "adjustment difficulties" or "behavior problems", if indeed use of such terminology is ever necessary. It is better to state (when needed) that Johnny has a lot of angry feelings and needs your limits and help in not getting into so many fights.

3. One possible definition of emotional impairment that foster parents can work with is that it is both the child's difficulty in dealing with his environment and certain deficits in his development as a result of earlier life experience.

4. In examining the signs of emotional impairment, behavior must be understood within the context of developmental stages. For example, it is normal for a two year old to be negative, and a three year old characteristically has some difficulty in distinguishing between fact and fantasy.

5. Emotional impairment can be manifested in a variety of ways. Children could display one or two of the signs and still be "healthy". It is when these signs are extreme, there are many of them or they are quite age inappropriate that one becomes seriously concerned.

6. Regression (moving backward to an earlier developmental stage) is part of emotional impairment. If it occurs while a child is in treatment and has seemed to be improving, foster parents may feel upset. It is important to understand that regression may be a move to "a safer place" for the child or is a useful opportunity for the child to try to solve and rework earlier difficulties in a new way.

Guidelines For Cooperating With Professional Psychotherapeutic Treatment of the Emotionally Impaired Foster Child:

1. The foster parents and the psychotherapist are a team, working together for the benefit of the child.

2. Both foster parents and the psychotherapist provide "treatment" for the child. It is important that foster parents understand the goals of treatment, and are given recommendations as to how they can support the progress in therapy within their home environment.

3. The foster parent is the person who is in the position to recognize possible behavior difficulties of the child, and is responsible for describing them accurately to the therapist.

4. Although foster parents are part of the team working to help the child, they often wonder if they are doing the right thing, or possibly, by their interactions, making the situation worse. It is normal for foster parents to feel threatened or nervous when talking to the therapist. It is appropriate and helpful for foster parents to let the therapist know when they feel threatened or if they are feeling angry and frustrated about the child's behavior. This will enhance, rather than hurt, the team approach.

5. Foster parents may be asked by the psychotherapist to maintain charts or records of the child's behavior or to gather more information. This is part of the foster parent's job in cooperating with professionals.

6. Foster parents may be asked to try new approaches to the child, or new techniques of managing behavior as part of the therapist's overall treatment plan. Just as it is appropriate for the therapist to make these requests, it is also appropriate for foster parents to ask for the reasons, to negotiate as to what they are or are not able to do, and to explain what their own feelings about the plan are. It is also appropriate for the foster parent to provide suggestions and alternatives to the therapist based on their own direct experience with the child and with "what works".

7. It is part of the foster parent's role to describe the child's strengths as well as his problems. It is appropriate for foster parents to share with the therapist their own strengths and successes as foster parents as well as the problem areas. This gives the therapist valuable information on the foster parents' unique skills for helping the child and he can plan accordingly.

8. Some children find relationships so hard to handle that it is necessary to place them in a residential treatment center or institution until they have the capacity to handle living in a family. If a child is moved from a foster home to such a placement, it does not mean that the foster parents have failed or are to blame, only that the child's immediate needs are being met. When foster parents are able to accept such a move, they are better able to give the child their ongoing support and concern through visiting, letters, and plans for the child to return to their home after sufficient progress has been made.

Structuring the Environment

1. Emotionally impaired children desperately need consistency, limits and structure. Deviations from routine may threaten the child's sense of security. When limits are not enforced, an emotionally impaired child may panic, as he depends on the foster parents to set limits for his own safety and protection. Just as emotionally impaired children need the emotional safety of having limits on behavior, they require the physical safety of having "limits" in the environment.

2. The foster home should be examined by the foster parents in terms of the physical safety of the emotionally impaired child. One rule of thumb is to "child proof the house" as one would do for a toddler, removing sharp or breakable objects, putting away poisonous cleaning solutions, etc..

3. A "time out room" is a place where the child can go to regain control. It should be free from hazards or breakable objects. Some families use the bathroom, others prefer to use the child's room. In either case, there should be nothing in the "time out room" that could be destroyed by the child in a fit of rage or that the child could use to hurt himself.

4. An emotionally impaired child needs a quiet space that is his own. This may be in his bedroom, in a corner of the family room, or a chair by the kitchen window. The child will usually show the foster parents where he feels most comfortable. In this quiet place, the emotionally impaired child can play or sit or think comfortably without interruptions or "hassles" while members of the foster family respect his need for privacy.

5. An emotionally impaired child needs a bedroom that is simply and sturdily furnished. Bric a brac or too many toys are invitations to chaos and disorder.

Behavior Assessment and Management

1. When a child's behavior is dangerous to self or others it is a cry for help. Foster parents must intervene immediately to protect the child. The most effective intervention with dangerous behavior is quiet, calm, physical restraint, holding the child until he regains control. While the child is regaining control, foster parents must set limits; "I will not hurt you and I can not let you hurt yourself that way."

2. Dangerous behavior should be reported to the therapist or seen as a signal for the foster parents to obtain expert help for the child.

3. Many emotionally impaired children do not attach themselves to belongings as normal children do. They may have a casual attitude to their own possessions or the possessions of others. Foster parents can anticipate a higher degree of breakage of toys or furnishings and wear and tear on clothing by these children. Destructiveness should be dealt with, however. One good way is to provide substitute targets for the child's feelings. "I can not let you cut up our drapes, but here is an old rag you may cut", or "I can not let you hit the TV but you can pound the bean bag chair."

4. Most emotionally impaired children need to learn that their behavior has consequences. It is helpful to think in terms of helping a child to learn through consequences rather than controlling by punishment.

5. Children learn best by being rewarded for positive or "good" behaviors. The trick is to discover what is rewarding to an emotionally impaired child who may not respond to the usual social rewards of praise, smiles, or hugs. Favorite foods are generally quite rewarding to the emotionally impaired child even when other social rewards are not. Thus a cookie or M&M may work when praise doesn't.

6. Many emotionally impaired children have learned patterns of behavior in which it is highly "rewarding" to see people around them becoming upset or "losing their cool". To decrease this kind of behavior by the foster child, it is necessary not to over react. It is better to remove the child to a quiet safe place ("time out") while the foster parent walks away to recover composure, than to be drawn into the child's negative interaction pattern.

7. "Time out" can be used in a variety of ways. When the foster parent sees the child's behavior escalating, the child can have "time out" to calm down before the crisis is allowed to happen. Or if the child has already misbehaved, "time out" can be used as a consequence.

8. Foster parents, through observation, can learn the times of day and the situations in which a child has less control and is more likely to erupt. Then, by minor adaptations, they can prevent many crises from occuring. The child who becomes upset just before dinner may respond well to a late afternoon snack and withdrawing from the hustle and bustle of the family's activities.

9. Behavior change is a slow process. It is important for foster parents to set priorities for behavior change, and settle for one small step at a time.

10. The child's therapist or special teacher can be helpful to foster parents in setting up specific plans for changing behavior, using charts and the principle of rewarding desired behavior.

11. The child's therapist can be helpful to foster parents in understanding the meanings or the causes of certain problematic behaviors. Once foster parents can understand why a distressing behavior is occurring, it is easier to handle it.

Communicating with the Emotionally Impaired Child

Sending Messages

1. A "double message" is one where the words do not match the tone of voice or body language. (Examples: "No, I'm not angry", spoken in an angry tone, with clenched fists; or "I'm really disappointed in you" said in a pleasant tone, with a smile on the fact).

2. Emotionally impaired foster children have probably experienced an unusually high degree of double messages in their lives, as with the natural parents who say, "Of course I love you, and I'm coming to see you next week", then pull away and fail to return. Lacking basic trust in the adult world, the emotionally impaired child will be extra alert to double messages, trying to assess where he stands with adult figures.

3. Receiving a double message can trigger anxiety or overt behavior problems in an emotionally impaired child. Thus it is imperative that foster parents give clear congruent messages, and do not give double messages.

4. Not enforcing limits is another kind of double message. If a child is told he may not kick the cat, and then is allowed to "get away with it", he does not know which message to believe; the verbal one or the nonverbal one.

5. Avoid "you messages" which cast blame. (You are naughty, you make me so upset). Substitute "I messages". (I can't let you throw food, I am upset with that mess on the floor, so I will put you in the time out room).

6. When an emotionally impaired child is behaving in an aggressive, destructive, or self-destructive manner, verbal communications can be paired with physical restraint; "I won't hurt you and I can not let you hurt yourself" or "We won't break your things and we can't let you break our dishes".

7. Communicate precise and honest praise, rather than general praise. "I like the way you cleaned the bathroom and folded the towels" not "You are such a wonderful helper".

8. There are many nonverbal ways we send messages; holding out a cookie, pasting a gold star on the chart, smiling, frowning, clenching fists, touching, giving a nickel, walking away. When an emotionally impaired child seems unresponsive, or doesn't hear verbal messages, it is important to get his attention, and then pair the words with nonverbal messages. If the child does not respond to hearing his name spoken, repeat his name while moving in front of him to establish eye contact. Touching the child's arm will help him to focus on the foster parent. Pairing the words "I am happy because you made your bed today" with a nonverbal message (a hug, a cookie, a gold star on the chart) will give the message more impact.

9. No one likes to say "no" all the time. It is important to replace negative commands and demands ("Stop that! Don't throw it!) with positive instructions ("The book belongs in the bookcase" - as the foster parent removes the book from the child's hand before it can be thrown - "Now you can put it away").

Receiving Messages

1. Usually the person who is listening to another person talk is busy thinking of what his own reply will be or is preoccupied with what has just happened or is planning what will happen next. This tends to interfere with really hearing what the other person is saying.

2. One good way to check out if what you heard was accurate is to repeat what you think you heard. ("It seems to me like you're saying that you are really angry and fed up with your teacher").

3. If a foster parent really can't hear what a child is saying (due to mumbling, jumbled words, or too much noise in the room) it is best to ask the child to repeat himself, rather than to guess.

4. Keeping eye contact, saying "mmm" or "uh huh' and sitting or standing still are good ways to encourage the child to continue talking.

5. To encourage an uncommunicative child to talk, it is best to avoid questions that can be answered with a yes or no (Did you have a nice day today?) and substitute an open-ended question (What was it like for you at school?).

Communicating Expectations

1. Written rules or behavior reward charts are two nonverbal ways to communicate expectations.

2. Body Language is a nonverbal way to communicate expectations.(A shake of the head clearly means, "I don't want you to do that".)

3. Positive instructions communicate clear expectations. ("Sit down now" instead of "stop roaming around").

4. Rules communicate expectations. ("In this house we have a rule that everybody hangs up his coat").

1. Put onto cards words that are used in every day communication to describe people who are emotionally or mentally impaired (dumb, crazy, retard, sick, etc.) and divide them into EI or MI categories. Have trainees suggest additional labels. What are the differences between the two lists.

2. Discuss ways in which foster parents can tell their friends and neighbors not to "label" their foster child.

3. Using the casebook, select those behaviors which should be described to a professional as possible signs of emotional inpairment.

4. Roleplay an interview with the child's psychotherapist in which is is necessary for the foster parent to:

   .... Explain that he is feeling threatened.

   .... Ask the therapist to stop using technical jargon and explain himself clearly.

   .... Insist that the therapist contact the child's school as the teachers are up in arms.

   .... Ask that the therapist put his complicated instructions in writing.

   .... Disagree with the instruction to ignore the child's behavior when he sticks his finger down his throat to make himself vomit.

5. Discuss ways in which the environment or routines could be restructured to adapt to the following situations:

   .... The child is afraid of the dark, and screams about being left alone at bedtime.

   .... The child is cranky and confused when he gets up in the morning, and picks fights at the breakfast table.

   .... The child becomes increasingly silly when playing in the house with a group of friends; then erupts in aggressive behavior, frightening everyone, including himself.

6. Roleplay situations foster parents have experienced, in which they found it necessary to physically restrain a child as a means of controlling his behavior.

7. Recall times when foster parents received double messages. Describe the words, tone of voice, and body language. How did they feel? How did they decide what the message "really meant"?

8. Have foster parents list all the rules and expectations in their home. Then list ways in which each rule and expectation has been, or could be, communicated to the foster child.

9. List some of the negative commands given by foster parents during the week, and change into positive instructions.

10. Ask a foster parent to give each other class members one honest and specific compliment or praise.

11. Brainstorm alternatives to physical discipline with a disruptive or destructive child.

12. Brainstorm all the possible rewards that could be used to change a specific foster child's behavior.

FOR INSTRUCTOR'S USE

Some Signs of Emotional Impairment:

The following signs are only a guidline, and do not always necessarily indicate emotional impairment. (Elimination problems can be a result of physical illness, speech or learning problems can be a result of damage to the central nervous system, etc.)

Physical Behavior

.... Eating - compulsive, desperate overeating, or refusal to eat

.... Elimination - extreme constipation, vomiting, diarrhea

.... Movements - tics, rocking, head banging, excessively clumsy or uncoordinated movement, repetitive bizarre forms of locomotion

.... Sleep - excessive sleep, inability to go to sleep, middle of the night sleepwalking or restlessness

Cognitive Abilities

.... Thinking - confused

.... Memory - has trouble remembering, "blocks" when under pressure or frightened.

.... Learning - has difficulty with age appropriate learning, in school or in every day life

.... Orientation - confused about where he is located in time and space

.... Reality testing - is not age appropriate in distinguishing between fact and fantasy; is not able to ask or use information adequately to make the distinction between what he is thinking or feeling, and what is really going on in the external environment

.... Speech - retarded speech, won't speak at all, stammers and stutters, jumbled disorganized speech

Extremes in Feelings

.... Fearfulness - "flight", running away in panic, overreacts to nonthreatening situation

.... Anxiety - excessive tension habits (nailbiting, nosepicking) can't relax, chronic worrier

.... "Highs" - inappropriate and excessive clowning, elation

.... "Lows" - depression, despair, inconsolable weeping

.... Shame/guilt - fears or retribution or punishment, self loathing, disgust with self, sense of inferiority and inadequacy

.... No feelings - can not express feelings at all, consistently denies ever having feelings.

Social Behavior

.... Attacking - chronically angry, aggressive, destructive, fighting

.... Avoiding - withdrawal, self-isolation, constant daydreaming

.... Negativism - extreme non-cooperation, doing the opposite of what is asked

.... Controlling - bossy, power threats, extreme manipulativeness

.... Dependent - excessively submissive, clinging, "babyish"

.... Sexual behavior extremes - constant masturbation, promiscuity, seems to identify with opposite sex, sexual aggression toward other children (rather than normal sex play)

Coping Skills

.... Poor impulse control - impulsive, undisciplined, restless or hyperactive

.... Frustration tolerance - demands immediate gratification, can't "wait"

.... Repetition - performs the same activity over and over, can't stop, compulsive, needs "rituals" to feel safe even in non-threatening situations

.... Disorganization - aimless, disorderly, unplanful behavior; can't "follow through", chaotic, sense of helplessness

SUGGESTED READINGS AND MATERIALS

I. For Trainees

A. Role

Hikel, Virginia, "Fostering The Troubled Child", Child Welfare, Vol. XLVII, Number 7, July 1969.

Wexler, Susan, The Story of Sandy, Signet, New York

B. Understanding Emotional Impairment

Axline, Virginia, Dibs: In Search of Self, Ballantine, New York.

Bruthen, Milton, Richardson, Sylvia & Mangel, Charles, Something's Wrong With My Child: A Parents' Book about Children with Learning Disabilities Harcourt, Brace & Jovanovich, New York, 1973

Elliot, David, Listen to the Silence, Signet, New York

Kaufman, Barry, Son Rise, Harper & Row, New York, 1976

Neufeld, John, Lisa Bright and Dark, Signet, New York, 1970

Wilson, Louise, This Stranger My Son, Signet, New York, 1969

Wing, Lorna, Autistic Children; A Guide for Parents and Professionals Citadel Press, Secaucus, New Jersey, 1974

C. Communication

Adler, Ron and Neil Towne, Looking Out/Looking In, Rinehart Press, San Francisco, 1975

Gordon, Thomas, Parent Effectiveness Training

Plutsch, Witham, Human Behavior, Signet, 1974

D. Behavior Management

Patterson, Gerald, Families, Research Press Company, Champaign, Ill, 1971

II. For the Instructor

A. Role

Ambender, Walter, et.al." Role Phenomenon and Foster Care for the Disturbed Child," in Child Welfare Services, Ed., Alfred Kadushin, Macallan Co., N.Y., 1970, pp 248-256

Baker, Jerome, "Development of a Professional Identify for the Child Care Worker," Child Welfare, Vol. LIV #5, June 1975

Bauer, John & Heinke, Warren "Treatment Family Care Homes for Disturbed Foster Children", Child Welfare, Vol LV, #7 July/August 1976

DeFries, Zira, et. al. "Foster Family Care for Disturbed Children," Child Welfare, Feb. 1965, pp. 73-84

Fine, Regina, "Moving Emotionally Disturbed Children from Institution to Foster Family", Children, Nov.-Dec., 1966, pp. 221-226

Huffman, Starr, "Some Observations on Weekend Foster Home Visitations as a Step Out of the Institution", Child Welfare, Vol. LIV #5, May 1975.

Klein, Alan, The Professional Child Care Worker: A Guide to Skills, Knowledge, Techniques & Attitudes, Association Press, N.Y. 1975

Maluccio, Anthony N. "Selecting Foster Parents for Disturbed Children," Children, March-April, 1966; 69-74

DeFries, Z., Jenkins, D. Disturbed Children in Foster Home Care: A Realistic Appraisal, N.Y., Westchester Children's Assoc. 1965.

McFadden, Emily Jean, "Helping the Inexperienced Worker in a Public Child Welfare Agency" Child Welfare, Vol. LIV #5, May 1975

Rice, Dale and Sara Semmelroth. "Foster Care of Emotionally Disturbed Children," American Journal of Orthopsychiatry, April 1968; pp. 539-42.

Scallor, Richard, James Vitale and Robert Eschenauer "Behavior Modification in a Residence and School for Adolescent Boys: A Team Approach" Child Welfare, Vol. LV #9, Sept/Oct. 1976

Thomas, Carolyn B. "Helping Foster Parents Understand Disturbed Children", Child Welfare, March, 1971, pp. 168-175.

B. Understanding Emotional Impairment

Bettelheim, Bruno, A Home for the Heart, Knopf, N.Y. 1974

Kessler, Jane, Psychopathology of Childhood, Englewood Cliffs, New Jersey, Prentice Hall, 1966.

Redl, Fritz & David Wineman, Controls from Within, N.Y., Free Press, 1969

Trieschman, Albert, James Whittaker and L. Bendtro, The Other Twenty-Three Hours, Aldine Press, Chicago, 1960

Whittaker, James "Causes of Childhood Disorders: New Findings" Social Work Vol 21 #2, March 1976.

C. Behavior Management

Drisco, James W. "Memo to Institution Staff: Physical Involvement with A Therapeutic Intervention" Child Welfare, Vol. LV # 7- July/August 1976

Endres, Joseph "Time-Out Rooms in Residential Treatment Centers" Child Welfare, Vol. LII #6, June 1973

Lambert, Paul "Memo to Child Care Workers: Notes on the Management of Sex and Stealing," Child Welfare, Vol LV #5, May 1976

Wilts, N.A. "Behavioral Therapy Techniques in Treatment of Emotionally Disturbed Children and Their Families", Child Welfare, Vol. LII # 8, Oct. 1973

III. Multi-Media

The Parent Therapist, Part I & II (Tape Cassette) FPTP

Is Pain a Part of the Healing Process (Tape Cassette) FPTP

FP 570 FOSTERING THE BATTERED AND ABUSED CHILD

General Objectives

To identify the special and complex developmental needs, (physical, emotional, cognitive, social and moral) of the battered or abused child, so that foster parents can provide a corrective and healing environment.

To help foster parents understand their role in working with the variety of professional helpers who may be involved with the battered child.

To demonstrate to foster parents the generational cycle of child abuse so that they can see the "hurt child" within the abusing parent, and can work in a preventive way to reduce the risk of the battered child becoming an abusive parent.

Specific Goals

To develop awareness of the possible long term physical consequences of child abuse, and understanding of the need for ongoing medical supervision of orthopedic problems, damage to the central nervous system, etc.

To develop techniques to help the abused child feel safer and more comfortable about his own body.

To explore ways to meet the abused child's primary emotional need of establishing basic trust and how to improve the child's self-esteem.

To understand that physical or emotional damage may hinder the abused child's cognitive functioning, and explore ways to provide an enriched corrective educational experience.

To recognize the abused child's part in the interaction of abusiveness, in order to break this pattern by not responding abusively to provocation and using rewards for positive behavior.

To understand the process of identification through which an abused child may have acquired aggressive and abusive behavior and learn to model values of non-violence.

To understand abusive natural parents as people who were, and still are, "hurt children".

To examine their own philosophy and techniques of parenting, in order to see where on the continuum of abusiveness they fall.

Important Points

Physical Needs:

1. There are many types of physical injury resulting from battering or abuse. Shaking an infant or young child can cause damage to the central nervous system. Blows to the body can cause internal injuries or bone fracture. If a child has been battered, it is essential that he receive thorough medical evaluation to detect internal injuries or old healing fractures. State law requires medical evaluation of the abused child, and medical evidence is often the basis on which the court removes a child from his parents.

2. For their own peace of mind, and in order to help the battered child, foster parents should ask for information on the child's medical condition, and double check to see if the medical evaluation was adequate to detect internal injuries or healing fractures. A thorough medical examination should include whole body x-rays.

3. Severely battered children can require comprehensive ongoing medical care; brain surgery, orthopedic devices, etc. Foster parents of such children often have to devote a large amount of time to transporting the child to medical checkups, staying with, or consistently visiting the child in the hospital, etc. Before accepting a severely battered child into your home, it is helpful to have a clear idea of how much medical attention the child will require, and how much time you are able to give to these tasks.

4. Most battered children do not feel "safe in their own skins". Their bodies are reminders to children that their own bodies are not safe. Some battered children have learned to "disconnect" from pain. You will see these children fall down or bang into furniture or otherwise be "hurt" with no sign from them that they feel any pain. Other battered children may still be "stuck" in their pain, and will scream or overreact to the slightest bodily discomfort.

5. One of the tasks of the foster parent is to help the battered child learn to enjoy and feel safe in his own body. This is easy with very young children through bathing, massage, or holding. With older children it may be more difficult and require time for the child to trust the physical closeness of the foster parent. A small backrub or a hug may be all the older child can accept. However, in all cases, it is important to deal carefully with those every day bumps and bruises of childhood so that the battered child can learn to feel better about his body.

6. When a battered child either overreacts or underreacts to pain, foster parents by their words and physical closeness can help bring a child toward the happy medium. A child who can feel no pain needs to be told "I see you hurt yourself, that must hurt." "It is okay to cry if it hurts, and I can help you feel better."

Emotional Needs:

7. It is difficult, if not impossible, for a battered child to trust people quickly and easily. Battered children will often jump or flinch when anyone moves suddenly near their body space. Foster parents must understand this so that they will not feel rejected or rebuffed by the child. Trust develops slowly, but will come, as the foster parents learn to recognize and respond to the child's signals.

8. Like other foster children, most battered children love and miss their natural parents. Like other foster children, battered children feel that they are to blame for the separation, and often feel that they "deserved" to be punished by their parents. Separation issues are just as important, if not more so, to battered children and should be acknowledged and dealt with by the foster family.

9. Physical abuse is often accompanied by verbal abuse ("you rotten kid!" or "you're no damn good"). In either case, the message is clear to the child, whether it is given in words or actions. The abused child comes to believe that he is a rotten kid, or is no damn good.

10. By their actions and caring, foster parents try to reverse the messages and to show the child that he is valuable and good. There are some verbal messages that can help. "It was not your fault that your Dad hurt you. He had problems of his own, and you just happened to be around." "You are a terrific kid and I love you very much."

11. It is very important not to fall into the trap of thinking that the natural parents couldn't possibly love the child to have hurt him so. It might be tempting to say to the child, "I'll make sure that your family doesn't get you and hurt you again" or "I can't imagine how a parent could be so sick (or cruel) as to have hurt you like this." However, those comments only hurt the child more. The best approach is to realize that the parents had problems of their own, and that the child was "in the way" and a vulnerable target for frustration when the abuse episode occurred. This way, foster parents can convey their love and concern for the child without attacking his parents. The battered child has enough difficulty in coping with the combination of hurt and love he feels for his family.

12. Battered children have experienced an unusually high degree of fear. This can come out in several ways. The child may be withdrawn, timid and hesitant to respond to new situations. In other cases, the child may be bold, aggressive and "obnoxious" as a cover up for these fears. When trying to assess what a piece of behavior means, it is useful to ask one's self, "Is there anything he is afraid of?"

Cognitive Development:

13. Many battered and abused children have suffered some damage to the central nervous system, ranging from extremely mild to severe. The emotional development of the battered child has been uneven. These two factors combine to make battered children in general susceptible to learning difficulties and speech problems.

14. These problems may be quite easy to detect in the severely damaged child; where there are outward signs of damage, such as poor motor control on one side of the body. However, the battered child who no longer shows the physical effects of abuse may have slight perceptual or memory problems as a result of mild damage to the central nervous system or may be restless and hyperactive.

15. If there seem to be any problems in the child's school adjustment, it is important to involve the special school personnel in evaluating and helping the child. It is important for the testing psychologist to have adequate medical information to evaluate the possibility of perceptual or learning disabilities.

16. There are now many resources in the public schools for giving the special help battered children may need. One of the foster parents tasks is to see that all needed services are obtained. It may also be important for foster parents to be aware of whether the child's school uses physical force to maintain discipline. Children who have been battered and abused should not be subjected to further assaults on their body. Foster parents need to inform schools not to use physical discipline on the battered child, and to advocate for the child when necessary.

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Social Development:

17. The battered child's fears, lack of trust, and low self-esteem may make it very difficult for him to establish normal, age appropriate social interactions with children or adults. However, as he gains in confidence, developing social skills becomes easier.

18. Battered children know what they have been through, and often feel "different" from their peers at school, or from the happy children shown on TV. Sometimes they feel more comfortable with other children who have had similar hardships. This can be problematic in the long run as the children need exposure to more appropriate social skills than what other abused children offer.

19. Battered children have often identified with the aggressive behavior modeled by their natural parents and may react aggressively or with frustration in social situations. These behaviors need to be dealt with in order that the children can make friends and feel trust in the world.

20. It is important to understand where the battered child is developmentally and to help him develop social skills little by little, step by step. To insist that he behave like an eight year old when developmentally he is still stuck around six, only sets him up for more frustration and lack of self-esteem.

21. Some battered children have learned very complicated social interaction patterns while trying to deal with their parents and survive in the natural family. It is important for foster parents to recognize these patterns:

A. The "Caretaker". As early as two or three, abused children can learn to be alert to their parents needs, and to try to ward off abuse by pleasing their parents, or caring for their parents in a "role reversal".

These children need to learn that it is safe to be a child, and have their own needs met. A ten year old girl does not have to clean house for her foster mother in order to feel safe.

B. The "Hider". Some children survive in an abusive situation by carefully monitoring their parents' behavior, and "taking off" at the first sign of parental anger.

These children need to be persuaded that it is safe to come out of the bedroom, safe to be around if the foster parents are having a disagreement, and that even if there is some tension or problem in the foster family, the child will not be hurt.

C. The "Scapegoat". Some children learn that it is their role in an abusive family to be the target of frustration, and will offer themselves up to the foster family to be punished for someone else's problem.

These children need to be told that it is not their fault that the dish got broken, and that they will not be punished for what someone else did or someone else's problem.

D. The "Provocateur". Some children learn in abusive families that there is little hope of getting their needs met. Rather than settling for no attention at all, they opt for negative attention, and by their behavior seem to be "asking for it". Some of these children learn to manipulate their parents' guilt, and use the aftermath of an abusive episode as a time to get what they want. Other children learn to equate the pain of abuse with parental attention or love and actually seek abuse as proof of concern or learn to get some enjoyment from pain.

These children are difficult to deal with, as gentle placid foster parents suddenly feel for the first time a desire to abuse the child themselves. If foster parents feel too guilty, they can be manipulated by the child. If they are drawn into the child's interaction, and spank or hit the child, they are helping to continue a very destructive pattern.

Moral Development:

22. Battered and abused children should not be handled with physical force or discipline by foster parents. Any kind of spanking or slaps or hits can keep the child's pattern going and further harm social and emotional development.

The older battered child has learned that "might is right" and that violence is a way to solve problems, or release frustrations. Carried to its most unpleasant extreme, we have Charles Manson and Lee Harvey Oswald - both battered children.

23. If battered children are behaving aggressively or taking their frustrations out physically on other children and people, they need very firm consistent limits, and professional help.

24. Younger battered children may batter a teddy bear or attempt to hurt the puppy. Foster parents should move in to apply limits, help develop empathy and model nonviolent behavior. "I see you are whipping your baby doll. Babies aren't to be whipped, they are to be cuddled and loved. If you are really upset, you can hit the pillow. Pillows don't get hurt. Real babies can get hurt if you hit them."

25. The battered child needs to develop trust and a sense of safety before he can move on to developing empathy and respect for other people's needs.

26. The battered child has lived his life in fear of punishment. He needs to feel safe before he can realize that rules are fair and exist for all.

SUGGESTED ACTIVITIES

1. Using the "World of Abnormal Rearing" chart, foster parents can discuss all the points in an abused child's life cycle where he could be helped to prevent his becoming an abusive parent.

2. A speaker from "Parents Anonymous" could explain what it was like to be an abused child; how she tried to be a different sort of parent, yet found she was abusive too, and reached out for help.

3. Set up a series of misbehaviors and ask foster parents to brainstorm and list alternatives to physical discipline.

   .... an eight month old child from touching the electric wall plugs.

   .... a three year old who is biting his playmates.

   .... a seven year old who is beating his little brother in a rage.

   .... a fifteen year old who says she is going to leave and no one can stop her.

4. Foster parents can role play:

   a. Asking the battered child's doctor for more complete medical information, and why there were no x-rays.

   b. Telling the school principal and classroom teacher that under no circumstances must this child be spanked with the big paddle.

   c. Telling the natural parent that you understand and want to help.

   d. Telling the worker that there is something about this child that makes you feel abusive for the first time in your life, and you want help!

INSTRUCTOR'S SUPPLEMENT

Perspectives on Child Abuse

Psychological:

Child abuse is part of a cycle of abnormal childrearing practices passed on from generation to generation through identification with abusive parents.

Social Structural:

Child abuse is a response to the stress crisis and pressures of life situations. (Unemployment, marital problems, desertion, inadequate housing, etc.)

Cultural:

Child abuse is part of a societal pattern. We fight wars and bomb villages where innocent women and children live. Children by the time they reach adolescence have seen thousands of murders on television. Thousands of people jam stadiums or bars to watch boxing matches or football games. Our government spends billions on defense, and very little on helping children.

Child abuse and the pressures in family living from which it arises are spread throughout the population. The very rich can hire "Nannies" or send the children to boarding school if the pressure of childrearing becomes too great. Little help is available to poor or middle income people.

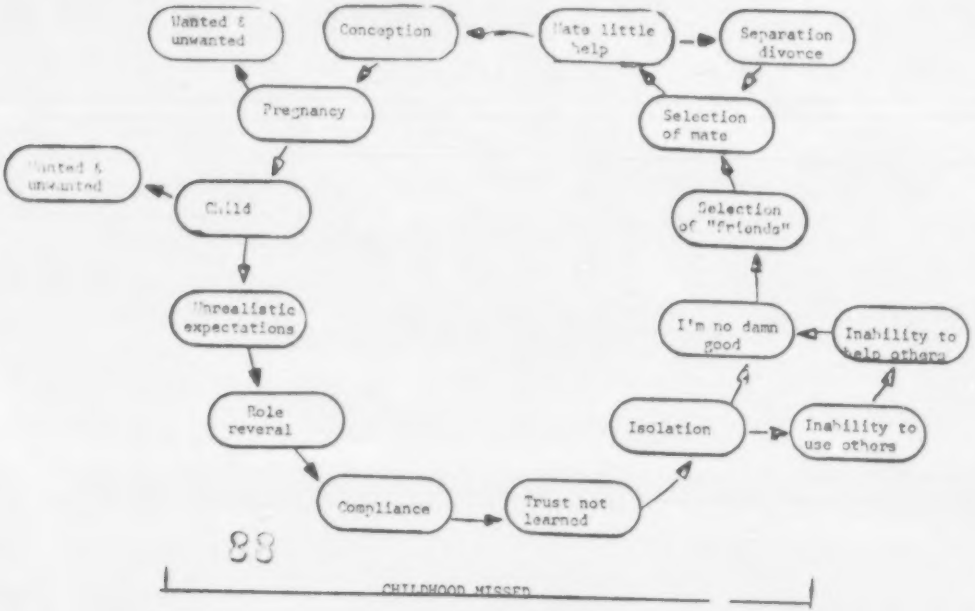
Just as child abuse is found throughout the population, it exists among foster parents. We read that a child was abused to death in a foster home in Grand Rapids, and don't want to believe it. There are no perfect parents. All parents do things they regret or wish that they could do better. Some foster parents were abused children themselves and other foster parents have to cope with high levels of stress.

All parents have angry thoughts and feelings about their children. If these thoughts and feelings are translated into physical violence the parents need help. If foster parents are fearful of abusing a child (particularly a "provocative" foster child) they have a right and a responsibility to seek help for their family problems and/or to ask for the child's removal.

It is important for foster parents to think through their own feelings about child abuse before working with battered and abused children. If foster parents rely on physical discipline, they are not an appropriate placement for the battered or abused child. If foster parents can not feel even the slightest bit of compassion for abusive parents they will be uncomfortable working with an abused child or his natural family. If foster parents feel uncomfortable about the way they handle their own frustrations, or the parenting they received, perhaps they would be better off working with less difficult children. Looking at these issues honestly enables foster parents to make decisions about what they can or can not handle.

Helfer, R. E., The Diagnostic Process and Treatment Program,
U. S. Department of Health, Education and Welfare, (OHD) 74-69, 1975.

WORLD OF ABNORMAL REARING CYCLE



FOR INSTRUCTOR'S USE IN EXPLAINING "WAR CYCLE"

The World of Abnormal Rearing: 'War Cycle'

1. CONCEPTION: The start of it all!

2. PREGNANCY: The pregnancy may be wanted or unwanted. It is a myth that only unwanted children are abused. Many abused children were very much wanted, but for inappropriate reasons.

   What are inappropriate reasons for wanting a child, which may lead to abuse? Some examples: holding a conflict-ridden marriage or relationship together; trying to prove adulthood or sexual maturity; wishing that a child would provide the love a parent needs and has failed to receive.

   The pregnancy may trigger conflicts in the marriage or intrapsychic conflict in the parents. We know that the first pregnancy is a time of massive adjustment within the family unit. Or, the pregnancy may occur at a difficult time such as loss of a job or the death of a parent's parent. This stress may affect feelings about the pregnancy or the unborn child.

   The labor and delivery might be difficult; parents might have feelings of being hurt or mutilated and unconsciously blame the child. Or the mild expectable depressive reaction (commonly called the "baby blues") might escalate into a post partum depression.

3. CHILD: Wanted or unwanted. The infant may have special problems: developmental deviation, hyperkinetic syndrome, or being separated from the parent after birth because of prematurity or low birth weight. In any event, the child may fail to respond with the normal pattern of attachment behaviors which please the parent and stimulate nurturant parental reactions.

   Or, parent may be afraid to respond to a child who is ill, likely to die, or is removed from their care.

   Or parents in intrapsychic, marital, or environmental stress will be less responsive to a child's needs. If a child displays seemingly endless fussing and fretfulness, this may be perceived by the parents as an impossible demand - and accusation that the parent is inadequate.

4. UNREALISTIC EXPECTATIONS: If a parent has wanted a baby for inappropriate reasons, the parent may be overwhelmed by the realization that the child's presence is, instead of filling a need, triggering family stress and causing increased feelings of being unloved and inadequate.

   A second source of unrealistic expectations is the lack of information on the part of the parent of infant and child normative behavior. Abusive parents frequently expect that children will be quiet, 'good,' and able to perform ahead of developmental norms.

* Based in part on Ray Helfer's Lectures.

5. ROLE REVERSAL: Reversal of the dependency role in which parents turn to their children to obtain nurturing and protection.

In order to survive, the child must adapt to a difficult situation. Survival is based on compliance, on efforts to please the parent and to ward off outbursts. The child is often worried, pseudomature, and very protective of the parents.

6. TRUST NOT LEARNED: Developmentally, the child never establishes "basic trust,' can not reach out to others, or establish relationships.

7. ISOLATION: results for the child who is unable to depend on others or establish the reciprocity of giving and receiving. A practical consideration is that through school, the child begins to sense that his family is different and is reluctant to bring peers ("outsiders") to the home.

8. NO FEELINGS OF SELF-WORTH: ("I'm no damn good") The child is unable to develop or experience a positive sense of self through positive interactions.

9. SELECTION OF FRIENDS: Unable to have constructive peer relationships, the child gravitates (if at all) to other "losers" with whom the child can feel slightly more comfortable. The friends provide very little warmth or support.

10. SELECTION OF MATE: Through a wish to compensate for the lack of nurture or a strife-ridden situation in the family of origin, the nearly adult abused child reaches out in the desire for a love relationship. As with childhood peer relationships, the comfortable choice is usually another "loser".

11. MATE LITTLE HELP: Drawn together by shared discontent, the couple expects the relationship to bring happiness but are sorely frustrated when faced with the reality of day to day life. Once again, the feelings of deprivation and low self-esteem are triggered.

12. CONCEPTION: The final hope becomes that of having a child who will love the parent and bring happiness. Thus the abuse child has come full circle to being a potentially abusive parent.

(The War Cycle is vividly illustrated by the personal histories contained in Eight Parents Anonymous Members Tell Their Stories)

SUGGESTED READINGS & MATERIALS

I. For Trainees

Parents Anonymous of Michigan. Eight Parent Anonymous Members Tell Their Stories. Detroit: Parents Anonymous of Michigan, 1975.

Wheat, Patte. By Sanction of the Victim. Chatsworth, Calif.: Major Books, 1976.

II. For Instructors

State of Michigan. Public Act 238, "Child Abuse Reporting Act." State of Michigan, October 1, 1975.

Children Today. (Special Issue on Child Abuse and Neglect). Children's Bureau, O.C.D., D.H.E.W. Washington. May/June 1975. Vol. 4, No. 3

Collins, C. "On the Dangers of Shaking Young Children". Child Welfare. January 1974.

Feshback, Norma. "The Effects of Violence in Childhood". Journal of Clinical Psychology 2 (3) Fall 1973.

Gil, David. "Unraveling Child Abuse". American Journal of Orthopsychiatry, April 1975.

Johnson, Betty and Morse, Harold. "Injured Children and Their Parents". Children 15 (4) July/August 1968.

Kempe, C. Henry and Helfer, Roy. Helping The Battered Child and His Family. Philadelphia: Lippincott, 1972.

McFadden, Emily Jean. "Helping the Inexperienced Worker in A Public Welfare Agency: A Case Study". Child Welfare. May 1975

The Neglected Battered - Child Syndrome: Role Reversal in Parents. New York: Child Welfare League of America, 1974.

III Multi-Media

Children in Peril (film)

FP 607 COMMUNICATING WITH PROFESSIONALS AND USING COMMUNITY RESOURCES

General Objectives

To help foster parents to identify those behaviors and problem areas of children which are most relevant to professional evaluation and to assist foster parents in developing techniques to describe those behaviors specifically enough to ensure comprehensive professional assessment and treatment.

To help foster parents view themselves as part of a professional team, with the foster parent being a trained provider of direct service to the child and the "expert" on the child's day by day behavior, while the professional is the provider of expertise in general child development and behavior who is equipped to evaluate the reasons for behavior or developmental problems and plan with the foster parents ways of correcting or resolving the problems.

To help foster parents to identify and use appropriately resources that exist in the community in order to assure the maximum physical, emotional, social, cognitive and moral development and well being of the children in their care.

Specific Goals

To learn to differentiate between those aspects of a child's behavior which are problematic only because they are annoying or bothersome and those behaviors which are "a cry for help" and indicate need for professional intervention.

To develop skills to describe behaviors specifically and thoroughly including frequency, duration, and the context in which the behaviors occur.

To understand the importance of furnishing information on the child's strengths and abilities as well as on his problematic behaviors.

To learn to view themselves as valued and legitimate components of a professional team serving the child.

To learn some basic communication skills: repeating what they understand they have heard, asking for clarification or redefinition of technical terms or "jargon", negotiating about their role with the child, and obtaining specific written directions when needed.

To develop understanding that the foster child not only has the same right to use community resources as any other child but also may have a greater need and that foster parents are the advocate for the child in the community.

To learn that community resources are not limited to professional child serving agencies but include a variety of voluntary and informal associations and individuals.

Important Points

1. Everybody comes from a different value set. We all expect things from children and can tolerate different amounts of deviation.

2. Professionals have been trained to view certain aspects of children in a way, and may not always be in agreement with the foster parent's perception. Clear communication may promote agreement or understanding. When dealing with a professional, you must remember:

   No one is infallible.
   The professional has a limited concern in the child's well being - he/she is interested in one particular aspect, while the foster parent is interested in the whole child. Although it may be covered with professional veneer, the professional is also a human being, with values, feelings, and biases.

3. The professional has values, a particular language, and a specific area of concern and the foster parent must provide the professional with relevant and needed information in a way which can be understood by the professional. Avoid the use of labels such as "naughty", "messy" or "uncooperative" when providing information to a professional. Describe behaviors clearly and specifically. Describe the time of day and the chain of events that led up to the behavior you describe.

4. Putting things in writing helps avoid misunderstanding or forgetting. List things you want to mention before visiting the professional. Make a written list of his/her suggestions or recommendations for ways you may help the child. It is also acceptable and legitimate to ask the professional to put in writing for you the ways he/she can help in times of crisis with expectations for when you would ask for help and what emergency numbers to call.

5. Restate what you heard the professional say or repeat the advice so that any mistakes can be corrected.

6. If the professional's advice or evaluation doesn't make sense to you, check carefully to see if you have understood correctly; then feel free to ask for another opinion from another professional.

7. The foster parent's job includes seeking, assessing and using all existing and potential resources for the well-being and future development of the child.

8. The foster child has the same right as any other child to those resources that the community provides.

9. The foster child may have an even greater need to feel he is an important member of his community.

10. The foster child can experience a greater sense of "belonging" when he knows the corner storekeeper, has a library card, belongs to an after school club, etc. Each of such contacts can convey the community's concern and acceptance of him.

11. It is part of the foster parent's job to find ways to cover the expenses of using community resources, to check with the worker for special funding, to identify free resources, or to ask for "scholarships" or reduced rates when necessary.

12. Community resources include people as well as places and agencies. Some of the best resources for foster children can be friends, neighbors, volunteers, or the children's natural relatives.

13. If the foster child is of a different religious background or denomination than the foster family, his church and its members can be a valuable resource to him. A call to a priest, minister or rabbi can help line up caring members of his own faith who will see that he is provided transportation to services and encouraged to join in activities of the congregation.

SUGGESTED ACTIVITIES

1. Identifying and Describing Problem Behaviors. Using Casebook materials, select information which would be relevant to a professional, and list behaviors to be described. Give rationale for rejecting irrelevant points.

2. Do the same as (1.) in describing problematic behaviors of foster children currently or formerly in the home.

3. Use packet of communication exercises so that class members evolve an experiential definition of "good communication". It may be helpful to arrange for a videotape to be made of the communication dyads, so that foster parents can get immediate feedback on their own communication styles.

4. Communication skills with professionals.
   Roleplay: with another foster parent or the instructor,
   1. Your description of the child's behavior.
   2. Asking for recommendations and emergency information in writing.
   3. Asking the professional to explain himself more clearly, using less technical language.
   4. Negotiating with the professional what you can or can't do to help the child.
   5. How you would let the professional know that you are a trained foster parent, and the direct service provider to the child, asserting that you are the expert on the child's day by day behavior and expect to be included as part of the team in planning and sharing information.

5. Using "brainstorming" techniques, try to identify all possible community resources which could benefit a foster child. Check it against the Community Resource list.

6. Discuss the philosophy of the community's obligation to the foster child. Then roleplay an attempt to obtain "scholarships" or reduced rates with a camp, Y.M.C.A., nursery school (etc.) for your foster child.

COMMUNITY RESOURCE LIST

Public Health Department
Public Dentist
Michigan Crippled Children's Commission
Public School
Intermediate School District
School Social Worker
School Psychologist
Helping Teacher
Speech Therapist
Reading Consultant
Special Education classes
Child Guidance or Community Mental Health Clinic
College or University clinics, schools, child development programs
Churches
Parks and recreational facilities
Boy Scouts, Girl Scouts, Explorers, Campfire, Bluebirds, Indian Guides, etc.
Big Brothers, Big Sisters
Public Library, Museums
Nursery School
Y.M.C.A., Y.W.C.A.
Head Start
trips to dairies, zoos, newspapers, fire stations
Red Cross
Associations for health problems or disease (Cancer, Muscular Dystrophy, Easter Seals, National Foundation, etc.)
Associations for parents of children with special problems--M.A.E.D.C. or Association for Learning Disabled Children
Professional or volunteer tutors
Art, Music, Dance, hobby lessons or private instruction

CASEBOOK

Jennifer, age 10, has been with you for three months. This is the first foster placement for her. She arrived in the middle of the night wearing flimsy baby doll pajamas under a tattered parka. Her skin was grey with dirt, and there were bruises, sores and scabs on her arms, legs, and face. She huddled fearfully in the corner of the bathroom clasping her parka to her as you ran the bathwater into the tub, and without saying a word shook her head over and over, refusing to bathe.

Since then there have been almost daily struggles over her personal cleanliness. She doesn't hang up her clothes. She tries to sneak off to school in dirty clothes. She comes in from play dirty and screams when you try to get her to wash for dinner. She leaves apple cores under the bed and her room is a disaster.

When you do the laundry you realize that there is only one set of Jennifer's underwear for the whole week. Those panties are filthy and stiff with dried discharge. You coufront Jennifer tactfully, but she shakes her head and won't listen or talk. You give her your expectations for cleanliness again, but the next week it is obvious that she hasn't changed.

Jennifer's hair is long, and looks dirty and stringy all the time. You don't approve of hair that long anyway, for girls or boys. Hair should be short enough to look neat and feminine. It seems to you as if she hides behind her long hair, because it often hangs forward covering her face, so that you can't see what her expression is. She will, about every two weeks, wash her hair on her own accord, but doesn't brush it properly so that it still looks tangled and stringy. She will not let you near her to brush her hair for her. This makes you angry enough that you no longer feel able to offer to help with her hair.

You are beginning to feel upset and desperate about Jennifer's appearance and her lack of concern for cleanliness. Cleanliness, good grooming and personal hygiene are extremely important for you. Both you and your spouse grew up in homes where cleanliness was valued. You have fond memories from childhood of how much fun it was to take a bath, wash your hair and then have your mother brush and comb your hair for you. Your natural children seem to have the same enjoyment of being clean, and having you help with their grooming. You are wondering if maybe your own values are too strict, and if you are making an unnecessary issue about Jennifer's personal hygiene. Yet it seems unacceptable and embarrasing to have one of your foster children going about the neighborhood looking so dirty and unkempt.

The problem comes to a head at school conferences when the teacher indicates that Jennifer is having social adjustment problems with her classmates, who tease her for "smelling funny" and refuse to sit by her or stand near her in line.

You try to overcome your feelings of embarrassment and upset, and tell the teacher that this has been a problem at home, but that you didn't realize it was affecting her school adjustment as well. When the teacher suggests discussing it with the school social worker, you feel almost relieved. The appointment is scheduled, and you return home with mixed feelings.

At home, you sympathetically tell Jennifer what you have heard, and that you are concerned that she is having a hard time at school. You tell her that you hope you can work together on cleanliness so that she will feel better about herself at home or school. She turns her head and looks away from you mumbling something that you can't understand, then runs from the room.

At dinnertime she appears, wearing her dirtiest jeans and sweatshirt, not having washed. You patiently remind her to wash her hands and face before sitting down at the table, and she runs to her bedroom, slamming the door loudly. She will not come out to eat with the family. This upsets you too, because mealtime is the most important time of the day for families to be together. The other children are upset and angry that Jennifer won't eat with the family. You and your husband wonder for a minute if you should physically force Jennifer to come to the table, but decide not to force the issue, feeling she will eat when she gets hungry enough.

Jennifer does eat, like a horse, and you feel sure she will eat again. She is constantly wanting to snack, and will devour a bag of cookies at one sitting if you let her. She has even gotten up in the middle of the night two or three times, and devoured pies, two or three cans of soup, bags of potato chips, hot dogs and what have you. You are concerned that her tastes run to junk foods, as she doesn't eat vegetables or salads, and always want to stuff herself on deserts or snacks. You pride yourself on your ability to provide well balanced nourishing meals for the family, and it offends you when Jennifer rejects your good food in favor of candy bars or potato chips. You don't know if this means she is rejecting you, or if she has developed bad eating habits. But it seems to you as if something must be wrong, the way she is half starved. And getting up in the middle of the night to raid the cupboards seems like unusual behavior for a ten year old.

After dinner as you're cleaning the kitchen, you get a call from your Aunt Mabel who has her own problems. She is widowed and is trying to raise her teenagers alone. Her sons seem to be chronically long haired and dirty, and she often describes to you in vivid detail her "hassles" with her sons. Tonight, though, Aunt Mabel seems to be wanting to gossip about Jennifer. You choose not to share your problems with her, but feel angry and criticized when Aunt Mabel says, " Is Jennifer still being a slob or are you getting her shaped up?"

As you hang up, you see Jennifer dart from her bedroom into the bathroom. You calmly walk to the bathroom door, and say through the door in a firm voice, "Don't come back out until you have taken a bath and washed your hair". You hear her mumble something that sounds like "Tough shit, you bitch" but you aren't sure.

At 11 p.m., your bedtime, Jennifer is still locked in the bathroom. Everyone in the family is feeling angry. The other children had to use the half bath to get ready for bed, and couldn't take baths or showers. You are tempted to take the door off the hinges and force her to wash, so that you can get to bed and get some sleep. But you sense that this might make matters worse, so you go to bed.

In the morning you see that Jennifer did leave the bathroom and go to bed--unwashed. She refuses breakfast and leaves for school in her dirty jeans and sweatshirt.

What do you tell the social worker that afternoon?

SUGGESTED READINGS AND MATERIALS

I. For the Trainee

Adler, Ron & Neil Towne. Looking Out/Looking In. San Francisco: Rhinehart Press, 1975.
Brutlen, Melton, et. al. Something's Wrong with My Child. New York: Harcourt, Brace Jovanovich, 1973.
Pietsch, William V. Human Be-ing. New York: Signet Books, 1974.
Foster Parent Training Handouts:
Effective Communication
Listening for Meaning and Attending and Negotiating for Meaning Response
Model Game
Things that Get in the Way of Talking to Others

II. For Instructors

Becker, Jerome. "Development of a Professional Identity for the Child Care Worker," Child Welfare Vol. LIV, No. 6, (June 1975).

FP 610 - WORKING WITH NATURAL FAMILIES

General Objectives:

1. To help foster parents recognize the crucial role of natural parents in any child's life and to accept the importance to the child of a speedy return to the natural parents.

2. To help foster parents develop skills in facilitating the maintenance or development of positive relationships between the child and his natural family.

3. To help foster parents recognize the strengths of natural families and work with them toward planning for the child.

Specific Goals:

1. To clarify the types of support that foster parents can give to natural families.

2. To develop recognition that each foster child has positive and negative feelings for his natural family and his foster family and that these feelings must be understood to help the foster child achieve some measure of personal satisfaction.

3. To develop skills in helping the child resolve his conflicting feelings toward his families and develop his own feelings of self-worth, independent of his family's shortcomings.

4. To increase understanding as to why the foster child idealizes his natural family and to develop techniques to assure that the conflict between reality and idealism produces growth.

5. To understand the importance of working toward return of the child to his family and working effectively with the natural family.

6. To develop specific plans around visiting that increase the opportunity for children and their families to maintain or to develop positive relationships.

Important Points:

1. Foster parents are not natural parents.

2. Foster parents work with a lot of children for a short amount of time.

3. Foster parents must learn to give up foster children.

4. In most cases natural parents retain rights to parent child.

5. Foster parents are part of a team to provide service to children.

6. Foster parents are part of a team that shares information to assure appropriate service to the child. Natural parents are part of this team. One way to help children is to help their natural families.

7. All foster children have three families: their natural family, their foster family and their ideal family.

8. Even if the child has had little contact with his family, they are still an important part of his identity.

9. Most children develop fantasies including fantasies about ideal parents who will rescue them when they feel their own families have been unfair.

10. The ideal family and other fantasies can play a more crucial role in the foster child's fantasy life than of other children.

11. The foster child does not need to dislike himself or his natural parents, rather he must be assured as he comes to recognize their problems that they are not a reflection upon him--that they are not his fault and that he is not less worthwhile because of his family's inability to cope with life's daily problems.

12. Whenever possible, you can find positive qualities in the natural family for the child to identify with. (e.g. "You have beautiful hands like your mother." "Your father is very strong.") But you must be able to discern whether or not such an attempt will have positive or negative results. You can also acknowlege these positives to the natural family which will help improve their self esteem as people.

13. The foster family cannot speak for the natural family. The foster parents can say, "I love you" but cannot really say, "Your mother loves you." Rather she can tell the child the inability of the natural family to provide him with a home does not mean they do not love him or that saying 'I love you," is not the only way of demonstrating love.

14. The foster family needs to promote attachment patterns between the child and his natural family whenever the plan is to return the child to the family.

15. It is part of the job responsibility of the foster parent in cooperation with the worker to develop reasonable rules around visiting with the natural parents to assure that the child has maximum contact with the natural family but that the visits are minimally disruptive.

16. Although visits with the natural family may precipitate crisis, these crisis may sometimes be growth producing for the child and the natural parents.

17. The foster family needs to develop tactful ways of sharing the child's progress with the natural family.

18. The foster family should develop specific techniques to discuss with a child of any age his move away from them. These should include the following:

    a. They are concerned about the child (love him, if that is true).
    b. They recognize his ambivalence about leaving them.
    c. They are confident (or hopeful that the move is in his best interest and that even though he may feel some unhappiness, he will be able to work it out.

d. Any details what his new life will be like of which they are aware (e.g., the school that he will attend, his new bedroom, taking the train with the worker, etc.)

19. When appropriate, foster parents may actually teach or model more appropriate behavior with the child so that the natural parent is provided with new alternatives.

20. When foster recognize that many of the natural parents' problems are a result of their unhappy childhood experiences, it becomes easier to feel empathy and compassion for natural parents.

21. Foster parents can co-operate with social workers efforts by suggesting appropriate community resources to natural parents.

22. Because of the extreme emotional and/or financial deprivation of some natural parents, foster parents, when trying to be helpful, may at times feel overwhelmed, exploited, or manipulated. Therefore, foster parents need to think through the limits of what they have to give.

23. The interactions between natural parents and foster children observed in the foster home are not necessarily indicative of the real relationship, as the discomfort experienced of being observed may make the natural parent behave defensively or inappropriately.

24. There are a number of reasons natural parents neglect their children; lack of information on how to parent, never having had proper parenting themselves, lack of resources, temporary crisis situations, physical or emotional problems, chronic depression resulting from loss of love or serious lack of self esteem. Knowledge of specific reasons can help the foster parent choose the most effective way to help the natural parent.

SUGGESTED ACTIVITIES

1. Discuss some of the following questions in small groups:

a. Has there ever been a time when I felt ill, depressed or unable to cope, and called a neighbor, babysitter, or "Grandma" to help with the kids, for a few hours or days? What would I have done without these people to turn to?

b. Has there ever been a time when I budgeted too tightly, or didn't get a paycheck and ran out of money for food temporarily? How did I feel? What would it be like if I never had enough money to feed the kids?

c. Have I ever felt nervous when a neighbor, friend, "Grandma", or teacher seemed critical of the way I was handling the kids? How did I react? (becoming more nervous, getting angry, withdrawing, etc.?)

d. Do I ever feel inadequate as a parent? How does my spouse, friend, parent, caseworker help me to feel better when I'm concerned about my parenting performance?

e. Have I ever had marital difficulties or "fights" with my spouse? How did I treat my children in those moments of stress? How would I manage the kids if fighting, separation, or desertion were a pattern in my marriage?

f. Have I ever wondered if I married, had kids and became "tied down" too young? How would I feel if I was 17, sitting home on Saturday night with a crying baby, while my friends were having parties?

g. Have I ever felt angry with "my" kids? Have I ever felt so angry that I either spanked too hard, or else had to leave the room to cool down?

h. Have any of my kids ever had an "accident" I could have prevented by closer supervision?

i. Has pressure ever piled up to the point where I had to "get away" for a weekend, or vacation, or shopping trip, or an hour in my bedroom alone with a magazine?

j. If I had grown up being slapped, hit, beaten, yelled at; was slapped and yelled at by my spouse, what would seem like the "natural" way to discipline my child?

k. If I was upset because my spouse had left me, I had no money, my parents were dead, my relatives were living in another part of the country, and I had no friends in town, where would I turn for help with my children? How would I want to be treated if I asked for help?

l. How would I feel if I heard my child call another man or woman "Dad" or "Mom"?

m. How would I feel if another couple decided they were more "fit" than me and my spouse to raise my kids?

n. How would I feel if a judge told me I was a bad parent?

o. How would I feel if I saw my child crying and screaming to be with me, being dragged away from me by another person?

2. Brainstorming: "How can We Help Natural Families" - Compare with checklist

Checklist - Ways to Help - (Depending of course on natural parents, worker, foster parents and situation)

Include natural parents in:
.... school conferences
.... clothes shopping
.... planning for child's behavior change
.... "Parents Night" for child's clubs
.... decisions on what toys or equipment the child needs

Help child with:
.... making birthday cake for natural parents
.... giving birthday party for natural parents
.... making or buying gifts for natural parents
.... showing parents grades, awards, etc.
.... taking photos of child with natural family to give to parents
.... writing letters or notes to natural parents and relatives
.... remembering Mothers Day and Fathers Day
.... maintaining contact with siblings in other foster homes

Other:

.... Involve natural parents in child care tasks when the natural parents are visiting in the foster home. (bathing, feeding, tucking into bed.)

.... Ask natural parents about schedules, food preferences, etc. of the child.

.... Attend parent education classes with natural families.

.... Suggest resources for housing, clothing, transportation.

.... Invite the natural parents to dinner.

.... If parents are without transportation, help arrange it, or drive the child to them.

.... Give the natural parents a birthday or Christmas gift - from you, not the child.

.... Work with natural parents on making a "family tree" for the child.

.... Work with natural parents on making a scrapbook of photos and momentos for the child.

.... Give genuine praise or compliments freely.

.... Locate a volunteer "buddy" to help natural parent with transportation, take him/her out for coffee, etc.

3. Roleplay: Ways to handle or discuss any of the following situations:

a. The natural mother criticizes the clothing foster parents have purchased for the child.

b. Natural parents bring their parents to visit the child in the foster home. They don't seem ready to leave, and foster parents have other plans.

c. The natural parents say they want to attend school conferences, but don't have transportation.

d. When the natural parents arrive to pick up the child it is obvious that they have been drinking.

e. The natural mother calls at 11:00 p.m. crying because she is lonely.

f. The foster child wants to be with the foster family for the Mother's Day picnic and says he can't afford a Mother's Day card or gift for his natural parent.

SUGGESTED READINGS AND MATERIALS

I. For Trainees

Johnson, Phyllis. "The Parent In the Shadows." Child Welfare, 1972

Eight Parent Anonymous Members Tell Their Stories. Parents Anonymous of Michigan, 1975.

Weber, Beth. "A Parent of A Retarded Child Gives Her Idea of Services Needed." Child Welfare. Vol. LIII #2. February, 1974.

II. For Instructors

Jenkins, Shirley & Norman, Elaine. Beyond Placement: Mothers View Foster Care. New York: Columbia University Press, 1974

Jenkins, Shirley & Norman, Elaine. Filial Deprivation in Foster Care. New York: Columbia University Press, 1972.

Jolowicz, Almeda, "The Hidden Parent". Paper presented before the New York State Conference of Social Welfare, New York City, Nov. 1946.

Littner, Ner. "The Importance of the Natural Families to the Child in Placement". Child Welfare, March 1975.

Mandelbaum, Arthur. "Child Separation: It's Significance to Parents." Social Work, October 1972.

Simmons, Gladys, et al. "Natural Parents as Partners in Child Care Placement". Social Casework, April 1973.

Young, Leontine. Wednesday's Children: A Study of Child Neglect and Abuse. New York: Mc-Graw - Hill, 1964

III. Child Welfare League Film (available thru D.S.S. State Office.)

Foster Parent - Natural Parent Communication. (Video Tape)
Foster Parent Training Project.

The Three Families of the Foster Child. (Tape Cassette)
Foster Parent Training Project.

FP 620 ALL UNDER ONE ROOF

General Objectives:

1) To help foster parents develop skills at providing a positive, pleasant environment for all of the children in their home.

2) To help foster parents sort out normal kid problems from "fostering" and "adoption" problems and recognize their role in helping each child move to the next developmental stage.

3) To help the foster parent develop sensitivity in recognizing and managing the underlying feelings of children who have differential ties to the family.

Specific Goals:

1) To develop awareness of the importance of the child's previous experiences to his current behavior.

2) To develop skills in helping each child feel that he is an important member of the family.

3) To help each child to understand the difference between "natural", "adoptive", and "foster" and to see his relationship to the family as a positive force in his life regardless of which relationship.

4) To develop rules and techniques for sharing and privacy, community property and personal ownership so that each child has a fair share of the good things, responsibilities, chores, and parental attention.

5) To recognize the insecurity and/or guilt that can develop in a child when other children leave or are less fortunate.

6) To recognize the susceptibility of children to jealous reactions over what might appear to be "trivial" differences to adults.

7) To develop techniques so that all the children in a family are involved in family decisions about fostering and adoption.

8) To develop skills in making plans to incorporate the entire family in welcoming children.

9) To recognize the mourning of each family member over their separation from a previous family member.

Important Points to be Covered

1) Having foster, adoptive and biological children in one family means the total family has to be involved and committed to this life style. The children as well as parents must have an understanding of different backgrounds and circumstances which cause children to live outside their own homes. Children should be involved in decisions concerning fostering or adopting. It can be a positive growth experience for biological children, as they can learn from foster children differences in people, that separation is a fact of life. This and that separation can occur without losing parents. This can be a positive growth experience but can also give rise to insecurities and fears.

2) Children are not different because they are biological, foster or adopted. They all have the same needs and all develop according to their own individual timetables. However, with the foster and adoptive child, unlike the biological child the parents have some additional responsibilities. One of these responsibilities is a difference in the child's background. With the adopted or foster child, the parent has the responsibility of dealing openly and honestly with questions such as: Where did I come from? Who am I in relation to my biological parents?

3) With the foster child, working with the biological parents is a large part of the foster parents job. Acceptance of the child's background and biological parents is necessary for positive foster parenting of the child. Other responsibilities with the foster child include working with the worker to facilitate service for the child. Foster, biological and adoptive children have the right to medical care, dental care, proper school program, clothing and recreation programs.

4) Although foster parenting means some additional responsibilities, whether the child is biological, foster or adoptive is immaterial when it comes to parenting. All children have the same basic needs and potential to grow into a healthy, happy, functioning adult.

5) For the foster child, the trauma of separation, the allegiance to two sets of parents (foster and biological), could mean that the child may need extra help in moving from one stage of development to another successfully. They may even move more slowly than the biological or adopted child. The child will develop but needs your help and will go at his own pace.

6) For the biological child, it may mean learning to share Mom and Dad, and learning that he can share and not lose. Foster children often appear to get extra attention. When they leave the child may ask himself if he will be sent away or feel guilty that he can stay.

7) The adoptive child must come to grips with the loss of his natural parents while developing trust in the permanency of his new family.

8) A family may have two seven year olds in different developmental phases, each requiring a little different parenting. A household can be temporarily in a new period of readjustment. As each new child comes into the home and adjusts to the home, each family member shifts roles to make room for the new member, or to adjust to the separation of a family member.

9) The family must develop specific plans to aid these readjustments.

10) The family must learn as a group that everyone experiences separation and can grow as a result of separation.

11) Foster, adoptive and biological children can all grow into healthy adults, if given the nurturing parenting necessary.

12) No one has all the answers on parenting. Anyone can find support from other parents, who deal with the same kinds of problems in helping children grow and develop.

13) Normal sibling rivalry can be heightened or take different forms when children are adopted, biological, and foster. This can be alleviated with a structure that provides all children with a fair share of the family's material things, a fair division of chores, a fair share of parental attention, and a feeling that rules apply to everyone.

14) Children must sometimes be treated differently. In some ways foster children do get less. Avoidance of discussing differences can leave everyone feeling that life is chaotic and unfair. When different treatment is necessary, it is better to bring it out in the open and discuss the reasons.

15) When one child in a family is excessively disruptive, the family must make some hard decisions as to whether the family will make sacrifices for the good of the child or the child will have to leave for the good of the other family members. Most families can profit from counseling before and after this decision.

SUGGESTED ACTIVITIES

1. Discussion: How do foster parents reply to strangers who ask the following questions:

   a. Are all those children yours?

   b. Which ones are your <u>real</u> children?

   c. Why do all your kids look so different?

   d. Which kids are part of your family?

   How have foster, natural or adopted children handled the following questions?

   a. Why do you kids have different last names?

   b. Why don't you look like your parents?

   c. Which ones are your parents' real children?

   d. Do you feel like real brothers and sisters?

   e. Isn't it hard on you to have all those foster kids in your family?

2. Brainstorming: How can the whole family take part in:

   a. Deciding to take a foster child.

   b. Celebrating, or creating a family ritual for the adoption of a foster child.

   c. The new foster child's first day.

   d. A family farewell for the foster child who is returning to his natural home.

   e. Deciding which toys, games and equipment belong to the family as a whole, and which articles are individual possessions.

   f. Celebrating holidays or birthdays where there are conflicts in visiting schedules.

3. Guest Speakers: Adults who have been foster or adoptive children to speak on the following topics:

   Having a different name (changing my name)

   Things the foster parents' children did or said to me

   What things were really mine

   How it could have been better

   Adults who were natural children of foster parents to speak on the following topics:

   Sharing my room and belongings

Separation--what fantasies did I have when foster children left?

Did Mom and Dad love them more than me?

What did I lose?

What did I gain?

How it could have been better

4. Simulation: "Making a family" (Use over 6 week period in conjunction with other activities)

Objective: Foster parents, through role play of being natural, foster or adoptive children, will be able to experience and articulate to the group some of the feelings inherent in the positions they occupy.

Week I (Second week of class)

1. Select a male and female volunteer to be mother and father.

2. Mother and Father select other foster parents to role play "their" natural children, assigning names and ages.

3. Mother and Father "take care of" the "children" feeding them at break time, etc.

Week II

1. Mother, Father and the natural children discuss in front of class whether to take in foster children, their feelings and reasons for wanting to do so, the age range and sex of the children they would take; which natural child would have to share a bedroom, etc.

Week III

1. The class selects a "worker" and a "foster child", designating age, sex, and "problems" of the "foster child".

Week IV

1. The family discusses taking another "foster child".

2. The "worker" places another "foster child".

3. The family discusses a problem area; sharing of possessions, planning for holidays, or whatever feels relevant.

Week V

1. The "worker" comes to return "foster child #1" to the natural family.

2. The family deals with separation and discusses whether to accept another foster child.

Week VI

1. "Worker" places another "foster child".
2. "Worker" says that "foster child #3" is available for adoption.
3. Family discussess adoption.
4. And so forth.

At the conclusion of each weekly segment, each participant is asked to summarize experience and feelings for the class, and to respond to their questions.

SUGGESTED READINGS AND MATERIALS

I. For Trainees

Biller, Henry & Meredith, Dennis. Father Power. New York: Doubleday, 1975.

Bunin, Sherry. Is That Your Sister? New York: Pantheon Books (Random House), 1976.

Dodson, Fitzhugh. How to Father. Signet (paperback)

Ellis, Lillian. "Sharing Parents with Strangers". On Fostering. New York: Child Welfare League of America, 1973.

Neufeld, John. Edgar Allen. Bergenfield, New Jersey: Signet, 1968.

II. For Instructors

Belluci, Mathilda. "Treatment of Latency Age Adopted Children and Parents". Social Casework. May, 1975.

Irish, Donald. "Sibling Interaction: A Neglected Aspect in Family Life Research". Social Forces. March, 1964.

Kadushin, Alfred. Adopting Older Children. New York: Columbia University Press, 1970.

Kirk, H. David. Shared Fate. London: Free Press of Glencoe, 1964.

Pfouts, Jane. "The Sibling Relationship: A Forgotten Dimension." Social Work. Volume 21, No. 3, May, 1976.

Aldridge, Martha, Coutley, Patricia "Placing Siblings in the Same Foster Home", Child Welfare, February 1976.

III. Multimedia

An Interview With An Ex-Foster Child (tape cassette), Foster Parent Training Project.

Children of Our Time (film), University of Michigan.

The Looking Glass (film), University of Michigan.

FP 691 LEGAL ASPECTS OF FOSTERING

Objectives:

To help foster parents understand the legal basis for placing children in foster care.

To help foster parents understand the legal processes which bring foster children to them, and affect planning for the child's future.

To help foster parents understand the legal rights guaranteeing children family care, education, medical treatment, and other resources.

To help foster parents understand the nature of their own rights and responsibilities vis a vis the children in their home, the agency, etc.

Specific Goals:

Understand the legal tie between the biological parent to the child and that clear evidence and thorough legal proceedings are necessary to disrupt this bond.

Understand responsibility of the state (through courts and agencies) to assume responsibility for children when the primary parent-child bond has been disrupted and the legal restrictions under which foster parents must work when they provide care for children.

Understand the differences between abuse, neglect, dependency and delinquency and the concomitant legal processes.

Explain the process of petitions, preliminary hearings, formal hearings, supplemental hearings by which children come under the jurisdiction of a court and receive legal planning for their future.

Indicate the differences between temporary and permanent wardship.

Develop skills so foster parents can assist the legal process by providing evidence, and carrying out the legally established plan for the child.

Develop knowledge of state laws establishing the right of all children to an adequate and specialized education, regardless of degree of impairment and the legal rights of children to other services and resources.

Understand that children have a right to legal representation in court proceedings.

To understand the difference between those ideal conditions that "ought to be" and those rights spelled out in the existing body of law on children's rights.

Develop understanding of their legal rights and responsibilities in the role of foster parenting.

Important Points

1. Some foster children come into care through voluntary placement, some are temporarily or permanently removed from their parents, others have been adjudicated delinquents.

2. Most foster children placed in care come from the Department of Social Services or contractual (private) agencies. These children are under the jurisdiction of the Juvenile Court.

3. The Juvenile Court, a division of Probate Court, handles deliquency, dependency (abuse and neglect) and adoption matters. It is a court not a social agency, and has a philosophy of rehabilitation rather than punishment.

4. The mechanics of deliquency and dependency proceedings are similar; the significant difference is in the standard of proof required.

5. Foster parents have "courtesy" access to statutory rehearings.

6. Foster parent records of natural parent-child contact over the years can be crucial to the decision to terminate parental rights.

7. Foster parents can be considered as potential adoptive parents, if parental rights have been terminated.

8. There are many possible plans for foster children's return home; independent living, guardianship, adoption or permanent foster care.

9. Foster parents can be held liable for damages done by or to their foster children, and are wise to seek insurance protection.

10. Foster parents need to understand their responsibilities in obtaining medical treatment for foster children, and the distinctions between consent for emergency or elective surgery.

11. Foster parents have responsibilities and rights in obtaining education for handicapped or learning disabled children, and working with Educational Planning and Placement Committees.

12. Within certain restrictions, foster parents have a specialized tax status.

13. There are Mental Health laws and commitment proceedings which may be directly relevant to the planning for emotionally impaired foster children.

SUGGESTED ACTIVITIES

1. Take notes on a child's visit with his natural parents that might be useful as evidence in court.

2. Find out and report to the class on their judges attitude about having foste parents present in court.

3. Invite the probate judge to class to explain what he hopes foster parents to accomplish while the children are in their home.

4. Discuss the implications for the foster parent's role, in each of the following circumstances:

   .... a temporary ward of the court who has been abused by his mother's boyfriend.

   .... a permanent ward of the court who has been diagnosed as "trainable retarded".

   .... an adjudicated delinquent.

SUGGESTED READINGS AND MATERIALS

I. For Trainees

Findling, Joseph. Legal Aspects of Fostering and Preparing for the Court Hearing. Foster Parent Training Project, Ypsilanti, Michigan, 1977.

II. For Instructors

Findling, Joseph."Memo to the Honorable Judge James H. Lincoln". Foster Parent Training Project handout.

Freud, Goldstein and Solnit. Beyond the Best Interest of the Child. New York, Free Press 1973.

Katz, Sanford (ed). Lawyers In Defense of Children, American Bar Association. (Circulation Dept. 1155 E. 60th St., 60637) Chilcago 1974.

Mandatory Special Education Act. (usually available through Intermediate School Districts).

State of Michigan, "Juvenile Code." "Public Act 116, Child Custody Act."

State of Michigan. "House Concurrent Resolution 416". (Bill of Rights for Foster Children). Found in Michigan D.S.S. Foster Parent Handbook.

Wald, Pat. "Making Sense out of The Rights of Youth", Child Welfare, New York, Vol. LV, No. 6 (June 1976).

III. Multi-Media

"Children and the Law,"part I & II. Tape Cassettes. EMU

"What Right Has a Child?". (film) EMU

FP 990 THE FOSTER PARENT'S ROLE IN
ASSESSING AND PLANNING FOR THE CHILD

Objectives:

To understand assessment as the comprehensive determination of the foster childs' individual strengths as well as deficits in all areas of development; physical, emotional, social, value and cognitive.

To recognize planning as being far more than a decision regarding with whom the foster child will be living in six months. Instead, the scope of planning will be understood as including those specific tasks a foster parent and others can perform to help move the foster child toward the next stages of development, and/or to compensate for deficits in the child's development in the present or past.

Specific Goals:

1. To increase skills in determining the strengths of the child's present developmental level.

2. To increase skills in determining the child's present or past developmental deficits.

3. Increase skills for building on the child's strengths, and working with the child's deficits.

4. To learn how to work cooperatively with natural parents, agency and community resource people in assessing a child's development.

5. To develop skills in taking notes, keeping records, or making written plans.

6. To learn how to establish priorities and target behaviors to be changed in the developmental area of most need.

7. To learn skills in setting small, attainable, specific goals.

8. To develop techniques and skills for implementing plans.

Important Points:

1. Every child has a right to planning. Your natural children have plans that they will live with you, learn skills, acquire family values, go to school, et a job, etc. A foster child deserves equal, additional, or compensatory planning.

2. Children have a right to know what will happen to them, what their goals are, and what they can count on for the future and today.

3. A specific plan helps a foster parent to evaluate progress realistically, and to experience the reward of seeing gains.

4. A foster parent's plan can often be helpful to social worker, agency and court for long term planning.

5. A plan can help a child to move from one developmental stage to the next, and to receive needed help in deficit areas.

6. Planning can reassure and involve the natural parent. Involvement in planning can help the natural parent to understand, support and encourage positive change in the child, and may help improve the natural parent's parenting skills.

7. Assessment includes specific information about behaviors (i.e. Johnny does not know how to use knife and fork and eats with his hands) rather than labeling (Johnny is slow, or messy or awkward) or judgemental opinion (Johnny eats like an animal).

8. Accurate assessment may involve many methods of gathering information; observation, interviews, discussions with child;use of old records, etc.

9. A good plan specifies tasks of all involved (foster parent, worker, natural parent, and child) and is shared with all.

10. Priorities, based on needs of the child, skills of the foster family and planned time in foster care, are established in a plan. It is best to start with areas likely to demonstrate success.

11. If there is a standard agency form for reporting, assessment or planing, foster parents may add on their own format, after doing the required one.

12. There is no one perfect format, form, or method for planning and assessment, just as there are many acceptable and successful styles for parenting. You may want to develop your own outline to follow, or modify someone else's. Some people like to put a lot of their ideas down in black and white, others prefer to list only key information, target behaviors, etc.

13. With good pre-placement planning, much (but not all) of the needed information may be gathered ahead of time, and help ease the adjustment of the child and foster family.

OUTLINE

I. Why planning and assessment?

A. For the child

1. His right to know what's going to happen to him. (How long am I likely to be here? What's going to happen to me then?) If the child can't know for sure what the outcome of the plan will be, he can at least know that people are concerned and working in his interest.

2. His right to be making progress toward adulthood.

a. Foster care is not just a holding pattern.

b. No one may have done this for the child previously.

B. For the foster parents

1. Allows foster parents to work on most needed areas - and see specific gains even though they may be small.

2. Provides the foster parents with a framework of the information they need and the information needed by workers, courts, natural parents - improves relationships with each.

C. For the natural parent

1. Reassurance about the child's progress and well being while in care.

2. A plan for working with the child when he is returned.

D. For the worker, agency, and court

1. Needed information for making decisions about the child that they can get no other way.

E. It is something many parents do with their own children - it is especially important for foster children because of the lack of previous history and the limited amount of time the foster parents have to work with the child.

II. Assessment - Where is the child at developmentally?

A. The need for being specific - about behavior - about the planning about the progress.

B. What is the reason for problem behavior? What are the child's strengths? How can these be used?

C. What is the planned length of time this child will be in care? What is the plan for where he goes when he leaves care? What possible conditions will modify this plan? When will these evaluations be made and by whom?

D. Methods for assessment: Observation, rewards, interviews with significan others in child's past, discussions with the child.

1. Observation of the child and his behavior.

a. Separation trauma may distort, exaggerate, or cause the child to regress in his behavior.

b. Stabilization is crucial.

1) Many ways to do this

2) Find out his likes and dislikes from significant others: workers, natural parents, former foster parents, former teachers, relatives, and siblings.

3) Help child figure out what has happened to him.

4) Deal with feelings - he's not to blame for being moved.

5) Assessment initially is of what stage of separation in the child: shock, denial, anger, dispair, detachment.

6) Initial plan is to help him face his separation, move through its stages and stabilize.

c. Observe the child's behavior with regard to the five dimensions of development.

1) Note things he does well - these will be important for working on things he needs to improve on, as well as being important to him and all other significant people in his life.

2) Note things that he has trouble with.

3) Be specific in both cases - e.g., he shares his toys most of the time with children his own age, or he is provoked to hit children much younger than he is when they call him names such as "stink-stink."

2. Records and interviews with significant others in the child's past.

a. This is a task for foster parent and worker.

b. Seek specific information about behavior rather than labels or generalizations.

c. Seek information in terms of assessing the child's position in each of the five areas of development.

d. Seek as many or more "good things" about the child than "things he needs help with."

e. Work out a plan with your worker about who will seek what information from which people in the child's past, e.g., natural parents, former teachers, relatives, doctors, etc. Set a time to meet and share information.

3. Given the child's level of communication, attempt to determine how he feels about himself in each area of development.

   a. Discussions for older children may work where a trust relationship develops.

   b. Drawings, stories, puppets may be tools the foster parents may use to help the younger children express these feelings.

4. Start a log or written record that includes the above.

III. Making the plan

A. Set priorities based on the needs of the child, the strengths of the foster family, and the planned time the child will be in the foster home.

B. Whenever possible, the plan should be made by the foster parents, workers, natural parents, and child, all participating.

C. Set specific goals: i.e., the child will make his bed six out of the seven mornings, not: the child will stop being lazy and sloppy.

D. Set realistic goals. Start with something the child can easily accomplish and build from there.

E. The plan should be based on the assessment of all information gathered. Where inconsistancies exist in the data or where data is missing, determine what the range of alternatives might be for the missing or inconsistant data and consider them when making the plan.

F. The plan should be shared with all concerned (worker, foster parent, natural parents, and child) in terms of what their responsibilities are.

IV. Implementing the plan - major themes

A. Start with areas for success

B. Don't be afraid to experiment - trial and error - no one has the one right way.

C. Observe specific behavior - good and bad.

D. Make notes of both to share with worker and natural parents.

E. Get feedback from worker, child, other members of the foster family, and others.

SUGGESTED ACTIVITIES

1. Have class discuss how the following behaviors of foster children might be viewed either as strengths (positives) or targets (negatives) for behavior change depending on context and reactions of foster parents?

   a. "Curiosity" -- Johnny, age 4, is "into everything," emptying cupboards, taking radios apart.

   b. "Sassiness" -- Susan, age 14, "talks back" and questions the reasons for everything you tell her.

   c. "Neatness" -- Rhonda, age 9, changes her clothes at least 3 times daily, washes her hands and face before and after each meal, and asks each day if her room is neat enough.

   d. "Obedience" -- Larry, age 12, obeys requests the first time they are made, saying "yes ma'm", and returns to ask if he did the job right.

   e. "Independence" -- Sally, age 6, insists on tieing her own shoes, brushing her own hair, etc., and will not allow the foster mother to help, even when they are in a hurry.

2. Implementation of Assessment chart. Using assessment chart (Foster Parent Training Project, Eastern Michigan University, 1976), focus each week on one item in the following manner:

   a. Discussion of the chart item.

   b. Discussion of the foster children

   c. "Homework" - To observe child's behavior in the topic area, and bring assessment to class the following week.

   d. Discussion of assessment:

      1) What is context of behavior?

      2) Is it specifically described?

      3) Is it positive, negative or both?

      4) Is it at developmental or age appropriate?

      5) How much of a priority is change in this area?

      6) How can it be changed?

      7) Break new behavior desired into specific concrete steps.

3. Identifying Strengths in Foster Children. Give foster parents 5 minutes in which to jot down all positive aspects of foster child. Ask how each positive could be rewarded (reinforced).

4. Identifying Strengths in Foster Families. Ask each foster parent to list their five strongest points as a family or parent. Then class can discuss: "How can I best use my strengths in planning for foster children?" Feedback: Ask other foster parents to mention additional strengths observed in each foster family.

SUGGESTED READINGS

I. For Trainees

Assessment Chart. Foster Parent Training Project. Ypsilanti, Mich.: Foster Parent Training Project, 1976.

Chess, Thomas and Birch. Your Child Is A Person. New York: Simon & Schuster, 1965.(paperback)

Comer, James and Poussaint, Alvin. Black Child Care -- How to Bring Up A Healthy Black Child In America: A Guide to Emotional and Psychological Development. New York: Pocket Books, 1976. (paperback)

Dodson, Fitzhugh. How to Parent. New York: Signet, 1971. (paperback)

Harrison, Ross, Phyllis and Wyden, Barbara. The Black Child. New York, N.Y.: Berkley, 1974.

Patterson, Gerald. Families: Applications of Social Learning to Family Life. Champaign, Ill.: Research Press, 1971

Sarason, Lindner and Ernie. A Guide For Foster Parents. New York, Human Sciences Press, 1976.

II. For Instructors

Gesell, A. & Ilg. F.. Infant and Child In The Culture of Today. New York: Harper, 1943

Hall, R. Vance. Managing Behavior I & II. Lawrence, Kansas: H & H Enterprises, 1971.

Patterson, Gerald. Living With Children. Champaign, Ill.: Research Press, 1971

Whipple, Hugh, et al. Professionalizing Child and Youth Care. Michigan Association of Children's Agencies, 1974.

III Multi-Media

Your Child's Behavior = You (film)